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2008

Kenya

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Table 1: Overview

Executive Summary

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Kenya 2008	application/msword	10/23/2007	7	ALatour
EXECUTIVE SUMMARY				

Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

Yes



Description:



Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
COP 2008 Kenya Transmittal Letter.pdf	application/pdf	9/27/2007	Ambassador's Letter	SMadera

Country Contacts

Contact Type	First Name	Last Name	Title	Email
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HHS/HRSA In-country Contact	Jonathan	Mermin	CDC Country Director	jmermin@ke.cdc.gov

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008?	\$100000
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

2.1 Targets for Reporting Period Ending September 30, 2008

Drovention	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
End of Plan Goal	929,678			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	1,000,000	0	1,000,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	86,556	0	86,556
	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Care (1)		617,661	80,000	697,661
End of Plan Goal	1,250,000			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	337,500	30,000	367,500
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	70,000	0	70,000
8.1 - Number of OVC served by OVC programs	0	280,161	50,000	330,161
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	969,700	300,000	1,269,700
	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Treatment		159,260	10,000	169,260
End of Plan Goal	250,000			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	159,260	10,000	169,260
	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Human Resources for Health				
End of Plan Goal	0			

2.2 Targets for Reporting Period Ending September 30, 2009

2.2 Targets for Reporting Period Ending September 30, 2003				
	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal	929,678			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	1,200,530	0	1,200,530
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	96,100	0	96,100
	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Care (1)		1,075,300	30,000	1,105,300
End of Plan Goal	1,250,000			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	632,800	0	632,800
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	79,500	0	79,500
8.1 - Number of OVC served by OVC programs	0	442,500	30,000	472,500
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	2,631,750	0	2,631,750
	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Treatment		240,000	10,000	250,000
End of Plan Goal	250,000			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	240,000	10,000	250,000
Human Resources for Health	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
End of Plan Goal	0			
	U			

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 1474.08 System ID: 6918 Planned Funding(\$): \$500,000 Procurement/Assistance Instrument: Contract Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Abt Associates New Partner: No

Mechanism Name: C-CHANGE

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 9309.08 System ID: 9309 Planned Funding(\$): \$657,500 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Academy for Educational Development New Partner: No

Mechanism Name: FANTA

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 7444.08 System ID: 7444 Planned Funding(\$): \$0 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Academy for Educational Development New Partner: No

Mechanism Name: Capable Partners

Mechanism Type: Local - Locally procured, country funded Mechanism ID: 441.08 System ID: 6920 Planned Funding(\$): \$8,670,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Academy for Educational Development New Partner: No Sub-Partner: Africa Focus Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HKID - OVC

Sub-Partner: Beacon of Hope Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HKID - OVC Sub-Partner: Church World Service, Inc. Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HKID - OVC Sub-Partner: Mothers' Rural Care for AIDS Orphans Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HKID - OVC Sub-Partner: Neighbors in Action - Kenya Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HKID - OVC Sub-Partner: Ripples International Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HKID - OVC Sub-Partner: St. Camillus Dala Kiye Children Welfare Home Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HKID - OVC Sub-Partner: Tropical Institute of Community Health and Development Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HKID - OVC Sub-Partner: Makindu Children's Centre Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HKID - OVC Sub-Partner: Handicap International Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC -Basic Health Care and Support, HVCT - Counseling and Testing Sub-Partner: Nazareth Hospital Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HBHC - Basic Health Care and Support Sub-Partner: ACE Communications Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening Sub-Partner: Kenya HIV/AIDS Private Sector Business Council Planned Funding: \$100,000 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening Sub-Partner: Kenya Network of Women with AIDS Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HKID - OVC Sub-Partner: Community Research in Environment and Development Initiatives Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC -Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing Sub-Partner: Rural AIDS Prevention and Development Organization Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC -Basic Health Care and Support, HKID - OVC Sub-Partner: Child Welfare Society of Kenya Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC Sub-Partner: Franciscan Sisters of the Immaculate Conception Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HKID -OVC

Sub-Partner: Twana Twitu Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HKID -OVC Sub-Partner: Wema Centre Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC -Basic Health Care and Support, HKID - OVC Sub-Partner: Tropical Institute of Community Health and Development Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC -Basic Health Care and Support, HVCT - Counseling and Testing Sub-Partner: Health Education Africa Resource Team Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC -Basic Health Care and Support Sub-Partner: ACE Communications Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC -Basic Health Care and Support, HVCT - Counseling and Testing Sub-Partner: Community Development Action Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC -Basic Health Care and Support, HVCT - Counseling and Testing Sub-Partner: HelpAge International Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, OHPS - Other/Policy Analysis and Sys Strengthening Sub-Partner: St. Mary's Medical Center, Kapsoya Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC -Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Wajir South Development Association Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC -Basic Health Care and Support, HVCT - Counseling and Testing Sub-Partner: Hope Worldwide Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC -Basic Health Care and Support, HVCT - Counseling and Testing Sub-Partner: Asumbi Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC -Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing Sub-Partner: Reachout Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HKID - OVC, HVCT - Counseling and Testing Sub-Partner: Impact Research and Development Organization Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC -Basic Health Care and Support, HVCT - Counseling and Testing Sub-Partner: I Choose Life Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful Mechanism Name: TEPD Mechanism Type: Local - Locally procured, country funded Mechanism ID: 7445.08 System ID: 7445 Planned Funding(\$): \$500,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Academy for Educational Development

New Partner: No

Mechanism Type: Central - Headquarters procured, centrally funded Mechanism ID: 3706.08 System ID: 6921 Planned Funding(\$): \$977,256 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: Central GHCS (State) Prime Partner: Adventist Development & Relief Agency New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 295.08 System ID: 6922 Planned Funding(\$): \$1,550,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: African Medical and Research Foundation New Partner: No

Mechanism Name:

Mechanism Type: Central - Headquarters procured, centrally funded Mechanism ID: 1461.08 System ID: 6923 Planned Funding(\$): \$500,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: Central GHCS (State) Prime Partner: American Association of Blood Banks New Partner: No

Mechanism Name: Twinning Center

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 3482.08 System ID: 6925 Planned Funding(\$): \$775,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Health Resources Services Administration Funding Source: GHCS (State) Prime Partner: American International Health Alliance New Partner: No

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 3483.08 System ID: 6926 Planned Funding(\$): \$600,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: American Society of Clinical Pathology New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 1324.08 System ID: 6927 Planned Funding(\$): \$500,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: Association of Public Health Laboratories New Partner: No

Mechanism Name: Emory University

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 3696.08 System ID: 6928 Planned Funding(\$): \$511,317 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: Association of Schools of Public Health New Partner: No

Mechanism Name:

Mechanism Type:Central - Headquarters procured, centrally fundedMechanism ID:3725.08System ID:6929Planned Funding(\$):\$537,829Procurement/Assistance Instrument:Cooperative AgreementAgency:U.S. Agency for International DevelopmentFunding Source:Central GHCS (State)Prime Partner:Associazione Volontari per il Servizio InternazionaleNew Partner:No

Mechanism Type: Central - Headquarters procured, centrally funded Mechanism ID: 3726.08 System ID: 6930 Planned Funding(\$): \$297,379 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: Central GHCS (State) Prime Partner: CARE International New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 368.08 System ID: 6931 Planned Funding(\$): \$500,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: CARE International New Partner: No

Mechanism Name:

Mechanism Type: Central - Headquarters procured, centrally funded Mechanism ID: 3730.08 System ID: 6932 Planned Funding(\$): \$5,851,680 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Health Resources Services Administration Funding Source: Central GHCS (State) Prime Partner: Catholic Relief Services New Partner: No

Mechanism Name:

Mechanism Type: Central - Headquarters procured, centrally funded Mechanism ID: 4685.08 System ID: 6933 Planned Funding(\$): \$139,782 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: Central GHCS (State) Prime Partner: Catholic Relief Services New Partner: No

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 3670.08 System ID: 6934 Planned Funding(\$): \$12,700,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Health Resources Services Administration Funding Source: GHCS (State) Prime Partner: Catholic Relief Services New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 8677.08 System ID: 8677 Planned Funding(\$): \$1,000,000 Procurement/Assistance Instrument: USG Core Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: CDC Foundation New Partner: Yes

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded Mechanism ID: 369.08 System ID: 6935 Planned Funding(\$): \$750,000 Procurement/Assistance Instrument: Grant Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Centre for British Teachers New Partner: No

Mechanism Name: Lea Toto

Mechanism Type: Local - Locally procured, country funded Mechanism ID: 3543.08 System ID: 6936 Planned Funding(\$): \$2,000,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Children of God Relief Institute New Partner: No Mechanism Name: Community-based Care of OVC

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 3811.08

System ID: 6937

Planned Funding(\$): \$231,770

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Christian Aid

New Partner: No

Mechanism Name: Weaving the Safety Net

Mechanism Type: Central - Headquarters procured, centrally funded Mechanism ID: 3733.08

System ID: 6938

Planned Funding(\$): \$500,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Christian Children's Fund, Inc

New Partner: No

Sub-Partner: Kenya Rural Enterprise Program

Planned Funding: \$67,235

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Mechanism Name: New Partners Initiative

Mechanism Type: Central - Headquarters procured, centrally funded Mechanism ID: 7792.08 System ID: 7792 Planned Funding(\$): \$0 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: Central GHCS (State) Prime Partner: Christian Reformed World Relief Committee New Partner: Yes

Mechanism Type: Central - Headquarters procured, centrally funded Mechanism ID: 1432.08 System ID: 6939 Planned Funding(\$): \$4,554,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: Central GHCS (State) Prime Partner: Columbia University Mailman School of Public Health New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 3672.08 System ID: 6940 Planned Funding(\$): \$8,000,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: Columbia University Mailman School of Public Health New Partner: No

Mechanism Name: Eastern Province

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 4925.08 System ID: 6908 Planned Funding(\$): \$1,632,000 Procurement/Assistance Instrument: Contract Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: Columbia University Mailman School of Public Health New Partner: No

Mechanism Name: Prevention with Positives

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 4923.08 System ID: 6907 Planned Funding(\$): \$0 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: Columbia University Mailman School of Public Health New Partner: No

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Mechanism Type: HQ - Headquarters procured, country funded
                     Mechanism ID: 348.08
                         System ID: 6941
                Planned Funding($): $9,350,000
Procurement/Assistance Instrument: Cooperative Agreement
                            Agency: HHS/Centers for Disease Control & Prevention
                   Funding Source: GHCS (State)
                     Prime Partner: Community Housing Foundation
                       New Partner: No
                        Sub-Partner: Africa Inland Church Health Ministries
                   Planned Funding: $160,000
     Funding is TO BE DETERMINED: No
                        New Partner: No
          Associated Area Programs: HVAB - Abstinence/Be Faithful, HVCT - Counseling and Testing
                        Sub-Partner: Baptist AIDS Response Agency, Kenya
                   Planned Funding: $120,000
     Funding is TO BE DETERMINED: No
                        New Partner: No
          Associated Area Programs: HVAB - Abstinence/Be Faithful, HVCT - Counseling and Testing
                        Sub-Partner: Apostles of Jesus AIDS Ministries
                   Planned Funding: $130,000
     Funding is TO BE DETERMINED: No
                        New Partner: No
          Associated Area Programs: HVAB - Abstinence/Be Faithful, HKID - OVC
                        Sub-Partner: Gethsemane Garden Christian Centre Academy
                   Planned Funding: $155,000
     Funding is TO BE DETERMINED: No
                        New Partner: No
           Associated Area Programs: HVAB - Abstinence/Be Faithful, HKID - OVC
                        Sub-Partner: Movement of Men Against AIDS in Kenya
                   Planned Funding: $95,000
     Funding is TO BE DETERMINED: No
                        New Partner: No
           Associated Area Programs: HVOP - Condoms and Other Prevention, OHPS - Other/Policy Analysis and Sys
                                    Strengthening
                        Sub-Partner: Africa Infectious Disease Village Clinics, Inc
                   Planned Funding: $480,000
     Funding is TO BE DETERMINED: No
                       New Partner: No
          Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services
                        Sub-Partner: Center for Research and Development
                   Planned Funding: $125,000
     Funding is TO BE DETERMINED: No
                       New Partner: No
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Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT -Counseling and Testing Sub-Partner: Great Commission Church International Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVOP - Condoms and Other Prevention Sub-Partner: Kenya Episcopal Conference Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, OHPS - Other/Policy Analysis and Sys Strengthening Sub-Partner: Upendo Widows Group Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVCT - Counseling and Testing Sub-Partner: Pillar of Hope, Kenya Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVCT - Counseling and Testing Sub-Partner: Our Lady of Perpetual Support for People Living with AIDS & Orphans, Kenya Planned Funding: \$50,000 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HKID - OVC, HVCT - Counseling and Testing Sub-Partner: Siaya Peasant Community Outreach Project Planned Funding: \$30,000 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HKID - OVC, HVCT - Counseling and Testing Sub-Partner: Nyarami VCT Center Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVCT - Counseling and Testing Sub-Partner: Kenya Assemblies of God Planned Funding: \$35,000 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVCT - Counseling and Testing

Sub-Partner: Center for AIDS Awareness, Youth & Environment

Planned Funding: \$95,000 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVCT - Counseling and Testing Sub-Partner: Kabondo Community Health Development Group Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVCT - Counseling and Testing Sub-Partner: Kenya Society for People with AIDS Planned Funding: \$40,000 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HKID - OVC, HVCT - Counseling and Testing Sub-Partner: OleMila VCT Planned Funding: \$40,000 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HKID - OVC, HVCT - Counseling and Testing Sub-Partner: Community Communication for Health Development in Africa Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful Sub-Partner: Nomadic Community Trust Planned Funding: \$185,000 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC -Basic Health Care and Support, HVCT - Counseling and Testing Sub-Partner: St. Orsola Hospital, Tharaka Planned Funding: \$280,000 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT -Counseling and Testing Sub-Partner: Soy AIDS and Youth Resource Center, Lugari Planned Funding: \$110,000 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing Sub-Partner: Merlin Planned Funding: \$535,000

Funding is TO BE DETERMINED: No

New Partner: No Associated Area Programs: HMBL - Blood Safety Sub-Partner: Blood Link Foundation Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVTB - Palliative Care: TB/HIV Sub-Partner: Kenya Association for the Prevention of Tuberculosis & Lung Diseases Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services Sub-Partner: Christian Missionary Fellowship International Planned Funding: \$350,000 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful Sub-Partner: Hindu Council of Kenya Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HTXS - ARV Services, OHPS - Other/Policy Analysis and Sys Strengthening Sub-Partner: Kenya Pediatric Association Planned Funding: \$470,000 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HBHC - Basic Health Care and Support Sub-Partner: Society for Women and AIDS in Kenya Planned Funding: \$60,000 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention Sub-Partner: Association of Hospice in Kenya Planned Funding: \$80,000 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services Sub-Partner: Nyanza Reproductive Health Society Planned Funding: \$100,000 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT -Counseling and Testing

Sub-Partner: Society of Hospital and Resource Exchange

Planned Funding: \$272,000 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT -Counseling and Testing Sub-Partner: Kenya Police Department Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT -Counseling and Testing Sub-Partner: Kenya Wildlife Service Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT -Counseling and Testing Sub-Partner: Kenya National Youth Service Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HBHC - Basic Health Care and Support Sub-Partner: Narok Integrated Development Program Planned Funding: \$130,000 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services Sub-Partner: Nairobi Hospital Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing Sub-Partner: HIV Life Planned Funding: \$350,000 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention Sub-Partner: African Society of Blood Transfusion - Kenya Chapter Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HMBL - Blood Safety Sub-Partner: Kenya Red Cross Society Planned Funding: \$0 Funding is TO BE DETERMINED: No

New Partner: No Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Rehema AIDS Resource Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
03-HMBL	4862.08	This activity requires early funding: \$ 100,000 Bloodlink Foundation \$80,000; Kenya Red Cross Society \$20,000; Carly funding is required in this activity to facilitate seamless continuity of blood donor mobilization within the work place by Bloodlink Foundation and Kenya Red Cross society. Interruptions in activities have in the past resulted in shortages of blood within the National Blood Transfusion service which causes hospital to revert to the use of family replacement blood donors. This group of donors has a higher prevalence of HIV and increases the risk of HIV transmission through blood country- wide. The two organizations will also use early funding to revise donor recruitment material to include abstinence and faithfulness prevention messages during donor mobilization talks. This will ensure that materials are ready for the training of donor recruiters when the rest of the funds are received later on in the year.		\$320,000
lechanism Name:				
	I	Mechanism Type: HQ - Headquart	ers procured, country funded	l
		Mechanism ID: 282.08		
		System ID: 6943		
-		nned Funding(\$): \$6,590,000		
Pr	ocurement/ASSIS1	ance Instrument: Cooperative Agr		on
			r Disease Control & Preventi	UII
		Funding Source: GHCS (State) Prime Partner: Eastern Deaner	V AIDS Pelief Program	
		Fime Farther: Eastern Deaner	y AIDO KEIIEI Program	

Mechanism Name: APHIA II - Nyanza Mechanism Type: Local - Locally procured, country funded Mechanism ID: 4915.08 System ID: 6944 Planned Funding(\$): \$15,750,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Engender Health New Partner: No Sub-Partner: Impact Research and Development Organization Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVOP - Condoms and Other Prevention, HVSI - Strategic Information, OHPS -Other/Policy Analysis and Sys Strengthening Sub-Partner: Academy for Educational Development Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC Sub-Partner: Christian Health Association of Kenya Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, **HVSI - Strategic Information** Sub-Partner: Program for Appropriate Technology in Health Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC Mechanism Name: Contraceptive Research Technology and Utilization

> Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 3575.08 System ID: 6945 Planned Funding(\$): \$1,000,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Family Health International New Partner: No

Mechanism Name: APHIA II - Coast Mechanism Type: Local - Locally procured, country funded Mechanism ID: 4913.08 System ID: 6948 Planned Funding(\$): \$19,645,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Family Health International New Partner: No Sub-Partner: Voi Youth Forum Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT -Counseling and Testing Sub-Partner: Kenya Girl Guides Association Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful Sub-Partner: Kenya AIDS NGO Consortium Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT -Counseling and Testing Sub-Partner: Africa Medical Research Foundation Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HTXS - ARV Services Sub-Partner: Kenya Police Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT -Counseling and Testing Sub-Partner: Malindi Educational Development Association Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC -Basic Health Care and Support, HVCT - Counseling and Testing Sub-Partner: Solidarity with Women in Distress

Planned Funding: \$0

Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening Sub-Partner: Strengthening Community Partnership and Empowerment Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC -Basic Health Care and Support, HVCT - Counseling and Testing Sub-Partner: International Centre for Reproductive Health Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention Sub-Partner: Ministry of Health - Coast, Kenya Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening Sub-Partner: PharmAccess Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services, OHPS -Other/Policy Analysis and Sys Strengthening Sub-Partner: Pathfinder International Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV Sub-Partner: National Empowerment Network of people living with HIV/AIDS Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HBHC - Basic Health Care and Support, OHPS - Other/Policy Analysis and Sys Strengthening Sub-Partner: Moving the Goal Posts Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HKID - OVC Sub-Partner: I Choose Life Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful Sub-Partner: Kenya Wildlife Service Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT -Counseling and Testing Sub-Partner: Social Impact Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC -Basic Health Care and Support Sub-Partner: Catholic Relief Services Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC -Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HTXS - ARV Services Sub-Partner: Cooperative League of the USA Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HKID -OVC, HVCT - Counseling and Testing Sub-Partner: JHPIEGO Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing, HTXS - ARV Services Sub-Partner: National Organization of Peer Educators Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT -Counseling and Testing

Mechanism Name: APHIA II - Rift Valley Mechanism Type: Local - Locally procured, country funded Mechanism ID: 4916.08 System ID: 6947 Planned Funding(\$): \$16,850,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Family Health International New Partner: No Sub-Partner: Catholic Relief Services Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HKID - OVC Sub-Partner: JHPIEGO Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing, HTXS - ARV Services Sub-Partner: National Organization of Peer Educators Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT -Counseling and Testing Sub-Partner: World Vision Kenya Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful Sub-Partner: Social Impact Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC -Basic Health Care and Support Sub-Partner: National Empowerment Network of people living with HIV/AIDS Planned Funding: \$89,059 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HBHC - Basic Health Care and Support, OHPS - Other/Policy Analysis and Sys Strengthening Sub-Partner: Samburu AIDS in Africa Planned Funding: \$360,320 Funding is TO BE DETERMINED: No

New Partner: No Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT -Counseling and Testing

Sub-Partner: I Choose Life

Planned Funding: \$138,749

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Cooperative League of the USA

Planned Funding: \$284,978

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC -Basic Health Care and Support

Mechanism Name: Gold Star

Mechanism Type: Local - Locally procured, country funded Mechanism ID: 3545.08 System ID: 6946 Planned Funding(\$): \$200,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Family Health International New Partner: No

Mechanism Name: New Partners Initiative

Mechanism Type: Central - Headquarters procured, centrally funded Mechanism ID: 7794.08 System ID: 7794 Planned Funding(\$): \$0 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: Central GHCS (State) Prime Partner: Global Outreach for Addiction Leadership & Learning

New Partner: Yes

Mechanism Name: ANCHOR

Mechanism Type:Central - Headquarters procured, centrally fundedMechanism ID:3727.08System ID:6949Planned Funding(\$):\$875,000Procurement/Assistance Instrument:Cooperative AgreementAgency:U.S. Agency for International DevelopmentFunding Source:Central GHCS (State)Prime Partner:Hope WorldwideNew Partner:No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 375.08

System ID: 6950

Planned Funding(\$): \$1,095,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Hope Worldwide

New Partner: No

Early Funding Activities

03-HMBL 16291.08 Early funding is required for the revision of donor recruitment material to include messages of HIV prevention and healthy living through abstinence and being faithful to a single spouse. These messages will be incorporated in standard donor recruitment material to FY 2008, the national blood Transfusion service will also regularize donor notification of test results. Pre donation counseling will be given to identify preferred site for results delivery and to prepare donors to receive their test results. Early funding will ensure continuity of activities so that training and implementation commence immediately in the new funding year. Mechanism Name: Mechanism ID: 5229.08 System ID: 6951 Planned Funding(\$): \$0 Procurement/Assistance Instrument: USG Core Agency: U.S. Agency for International Development Europice Servero: GHCS (State)	Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
Mechanism ID: 5229.08 System ID: 6951 Planned Funding(\$): \$0 Procurement/Assistance Instrument: USG Core Agency: U.S. Agency for International Development		16291.08	revision of donor recruitment material to include messages prevention and healthy living t abstinence and being faithful t single spouse. These messag be incorporated in standard du recruitment material. In FY 20 national blood Transfusion set will also regularize donor notif of test results. Pre donation counseling will be given to ide preferred site for results delive to prepare donors to receive t test results. Early funding will continuity of activities so that the and implementation commend	of HIV through to a jes will onor 108, the rvice rication entify ery and heir ensure training ce	\$20,000
System ID: 6951 Planned Funding(\$): \$0 Procurement/Assistance Instrument: USG Core Agency: U.S. Agency for International Development		М	echanism Type: HQ - Hea	dquarters procured, country fu	nded
Planned Funding(\$): \$0 Procurement/Assistance Instrument: USG Core Agency: U.S. Agency for International Development			Mechanism ID: 5229.08		
Procurement/Assistance Instrument: USG Core Agency: U.S. Agency for International Development			System ID: 6951		
Agency: U.S. Agency for International Development		Plan	ned Funding(\$): \$0		
		Procurement/Assista	Ince Instrument: USG Core	e	
Funding Source: CHCS (State)			Agency: U.S. Ager	ncy for International Developme	ent
runding source. Gros (state)		F	Funding Source: GHCS (S	tate)	
Prime Partner: IAP Worldwide Services, Inc.			Prime Partner: IAP World	dwide Services, Inc.	
New Partner: No			New Partner: No		

Mechanism Type:	HQ - Headquarters procured, country funded
Mechanism ID:	692.08
System ID:	6952
Planned Funding(\$):	\$5,975,000
Procurement/Assistance Instrument:	Cooperative Agreement
Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)
Prime Partner:	Impact Research and Development Organization
New Partner:	No

Early Funding Activities

- 0					
Program Area	Activity ID	Early Funding Na	rrative	Early Funding Request	Planned Funds
13-HVSI	12497.08	Since the plans for circumcision activi underway and IRD heavily in the proc surgical equipmen will be necessary to funding to enable to health workers wh in the evaluation o circumcision servic Development of da setting up of comp and training of hea start early if the ev carried out succes	ty are already DO is investing urement of t and supplies, it to secure early the training of o will be involved f the male cc delivery. ata capture tools, uterized systems alth workers must valuation is to be	\$100,000	\$100,000
Mechanism Name	: USAID-AMPATH Part	nership			
	Μ	lechanism Type:	Local - Locally p	procured, country funded	
		Mechanism ID:	521.08		
		System ID:	6953		
	Plan	ned Funding(\$):	\$11,400,000		
	Procurement/Assista				
		•••		International Development	
	F	Funding Source:			
			Indiana Universi	ity	
		New Partner:	No		
Mechanism Name	:				
	Μ	lechanism Type:	HQ - Headquart	ers procured, country funded	
		Mechanism ID:	443.08		
		System ID:	6954		
	Plan	ned Funding(\$):	\$1,750,000		
	Procurement/Assista	ance Instrument:	Cooperative Agr	reement	
		Agency:	HHS/Centers for	r Disease Control & Preventic	n
	F	Funding Source:	GHCS (State)		
			· ··· · · · ·		

Prime Partner: Institute of Tropical Medicine

New Partner: No

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 662.08 System ID: 6955 Planned Funding(\$): \$2,305,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: International Medical Corps New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 305.08

System ID: 6956

Planned Funding(\$): \$1,205,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: International Rescue Committee

New Partner: No

Sub-Partner: Africa Inland Church Health Ministries

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services

Mechanism Name: TBD

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 353.08 System ID: 6957 Planned Funding(\$): \$1,520,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Internews New Partner: No **Mechanism Name: Capacity Project** Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 2328.08 System ID: 6958 Planned Funding(\$): \$8,615,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: IntraHealth International, Inc New Partner: No Sub-Partner: Deloitte Touche Tohmatsu Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV, HTXS - ARV Services, OHPS -Other/Policy Analysis and Sys Strengthening Sub-Partner: Interchurch Medical Assistance Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV, HTXS - ARV Services, OHPS -Other/Policy Analysis and Sys Strengthening Sub-Partner: JHPIEGO Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV, HTXS - ARV Services, OHPS -Other/Policy Analysis and Sys Strengthening Sub-Partner: Africa Medical Research Foundation Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV, HTXS - ARV Services, OHPS -Other/Policy Analysis and Sys Strengthening Sub-Partner: Kenya Medical Training College Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV, HTXS - ARV Services, OHPS -Other/Policy Analysis and Sys Strengthening Sub-Partner: Liverpool Associates in Tropical Health Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV, HTXS - ARV Services, OHPS -Other/Policy Analysis and Sys Strengthening Sub-Partner: Management Sciences for Health

Planned Funding: \$0

Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV, HTXS - ARV Services, OHPS -Other/Policy Analysis and Sys Strengthening Sub-Partner: Program for Appropriate Technology in Health Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV, HTXS - ARV Services, OHPS -Other/Policy Analysis and Sys Strengthening Sub-Partner: Training Resources Group Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV, HTXS - ARV Services, OHPS -Other/Policy Analysis and Sys Strengthening Mechanism Name: ACCESS Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 3478.08 System ID: 6959 Planned Funding(\$): \$1,600,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: JHPIEGO New Partner: No Mechanism Name: APHIA II - Eastern Mechanism Type: Local - Locally procured, country funded Mechanism ID: 4914.08 System ID: 6960 Planned Funding(\$): \$14,500,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: JHPIEGO New Partner: No

Sub-Partner: Pepo la Tumaini

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Ripples International Planned Funding: \$0 Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC -Basic Health Care and Support Sub-Partner: Cooperative League of the USA Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC -Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing Sub-Partner: Hope World Wide - Kenya Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC -Basic Health Care and Support, HVCT - Counseling and Testing Sub-Partner: Tumaini Awareness Group Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HKID -OVC Sub-Partner: Elizabeth Glaser Pediatric AIDS Foundation Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing Sub-Partner: Liverpool VCT and Care Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVCT - Counseling and Testing Sub-Partner: Program for Appropriate Technology in Health Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC -Basic Health Care and Support, HKID - OVC Sub-Partner: African Medical and Research Foundation Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVTB - Palliative Care: TB/HIV, HVSI - Strategic Information, OHPS -Other/Policy Analysis and Sys Strengthening Sub-Partner: Family Health International Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
05-HVOP	8932.08	EARLY FUNDING REQUEST: \$500,000 The APHIA II Eastern project will seek to expand into additional sites in the Eastern South districts of Kitui, Mwingi and Makueni while still expanding into additional Worksites within the existing districts. Additional support is required to support the MOH community strategy, the quick win grants system for the Community Agency approach, and integration of Peer Families approach for improvement of parent child communication and support for youth sports activities will further strengthen BCC efforts in Eastern. The need to expand to the Eastern North districts in Care and Treatment requires that BCC/Community Mobilization also rolls out there to support the Programme. With the scope of activities above, the budget funding available under APHIA II EASTERN is way below for us to meet timely implementation and meeting the targets, hence the early funding request.	\$500,000	\$1,200,000
02-HVAB	8725.08	EARLY FUNDING REQUEST: \$600,000 Abstinence and Be faithful activities have been expanded by the Ministry of Education to include the Eastern South Districts of Kitui, Makueni, Mwingi and Tharaka which A2E had not expected to expand to in the second year. The other districts of Mbeere, Isiolo, Moyale and Marsabit will also be included. There is therefore need to support the other GOK multi-sectoral partners by integrating the Ministry of Gender, Sports, Culture and Social Services and the Ministry of Health into the KARHP Programme and also realigning schools where KARHP and health facilities are supported by APHIA II Eastern to ensure complimentarity. As the monitoring system of KARHP is dependent on the MOE, it will be prudent to provide minimal support to MOE for monitoring and to facilitate faster collection of reports.	\$600,000	\$2,300,000

Mechanism Name: Making Medical Injections Safer

Mechanism Type: Central - Headquarters procured, centrally funded Mechanism ID: 1499.08 System ID: 6961 Planned Funding(\$): \$2,642,610 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: Central GHCS (State) Prime Partner: John Snow, Inc. New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 323.08

System ID: 6963

Planned Funding(\$): \$1,225,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Kenya AIDS NGO Consortium

New Partner: No

Sub-Partner: Kibera Community Self Help Programme

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Sub-Partner: National Organization for Peer Educators, Kenya

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT -Counseling and Testing

Mechanism Type:	Local - Locally procured, country funded
Mechanism ID:	7449.08
System ID:	7449
Planned Funding(\$):	\$300,000
Procurement/Assistance Instrument:	Grant
Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)
Prime Partner:	Kenya Institute of Education
New Partner:	Yes

Early Funding Activities

Pr	ogram Area	Activity ID	Early Funding Na	rrative	Early Funding Request	Planned Funds
02	-HVAB	5100.08	EARLY FUNDING \$150,000 KIE has presented develop curricula fe education. Year 1 of 2005 funds) will curriculum develop level of primary edu olds), and early fur develop curricula fe education (10-14 y the Ministry of Edu the life skills educa primary schools.	a workplan to or all levels of funding (\$200,000 partially support ment for the lower ucation (6-10 year nding is required to or upper primary ear olds) before cation can launch	\$150,000	\$300,000
Мес	hanism Name:	54	ochanism Tyno:	HO - Headquarte	ers procured, country funde	bd
			Mechanism ID:			
			System ID:			
		Plan	ned Funding(\$):			
	Procui		nce Instrument:		eement	
					Disease Control & Preven	tion
		F	unding Source:	GHCS (State)		
			Prime Partner:	Kenya Medical F	Research Institute	
			New Partner:	No		

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
13-HVSI	4092.08	The Kenya AIDS Indicator field data and sample collection is nearing completion. A second round of lab analysis will focus on HIV incidence (\$150,000). The main data analysis and report writing workshops will be done, followed by a series of sub- analysis and writing workshops. (\$270,000). About 20,000 copies of the report will be printed and results dissemination workshops conducted in all provinces. (\$100,000). All these activities are scheduled to take place from February 2008 and hence require early funding consideration.	\$520,000	\$2,310,000

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 9380.08 System ID: 9380 Planned Funding(\$): \$1,000,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GAP Prime Partner: Kenya Medical Research Institute New Partner: No

Mechanism Name: Prisons Project

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 5093.08 System ID: 6966

Planned Funding(\$): \$102,500

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: Kenya Medical Research Institute

New Partner: No

Mechanism Name: Uniformed Services Project

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 1246.08 System ID: 6965 Planned Funding(\$): \$600,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: Kenya Medical Research Institute New Partner: No

Mechanism Name: Kenya Department of Defense

Mechanism Type: Local - Locally procured, country funded Mechanism ID: 1244.08 System ID: 6967 Planned Funding(\$): \$2,520,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: Department of Defense Funding Source: GHCS (State) Prime Partner: Kenya Medical Research Institute New Partner: No Mechanism Name: South Rift Valley

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3476.08

System ID: 6968

Planned Funding(\$): \$16,203,859

Procurement/Assistance Instrument: Cooperative Agreement

Agency: Department of Defense

Funding Source: GHCS (State)

Prime Partner: Kenya Medical Research Institute

New Partner: No

Sub-Partner: Tenwek Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Longisa District Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Africa Inland Church Litein Hospital Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Kapkatet District Hospital Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Kericho District Hospital, Kenya Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: James Finlay (K) Ltd.

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Unilever Tea Kenya

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner:Londiani Sub-District HospitalPlanned Funding:\$0Funding is TO BE DETERMINED:NoNew Partner:NoAssociated Area Programs:HBHC - Basic Health Care and Support, HVCT - Counseling and TestingSub-Partner:Kapsabet District HospitalPlanned Funding:\$0Funding is TO BE DETERMINED:NoNew Partner:NoAssociated Area Programs:HBHC - Basic Health Care and Support, HVCT - Counseling and TestingPlanned Funding:\$0Sub-Partne:NoAssociated Area Programs:HBHC - Basic Health Care and Support, HVCT - Counseling and TestingPlanned Funding:\$0Funding is TO BE DETERMINED:NoSub-Partne:Sub-Partne:Sub-Partne:\$0Funding is TO BE DETERMINED:NoFunding is TO BE DETERMINED:NoNew Partne:\$0Funding is TO BE DETERMINED:NoNew Partne:NoAssociated Area Programs:HBHC - Basic Health Care and Support, HVCT - Counseling and TestingNew Partne:NoNew Par

Sub-Partner: Live With Hope Centre Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HTXS - ARV Services Sub-Partner: Kilgoris District Hospital Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded Mechanism ID: 1242.08 System ID: 6969 Planned Funding(\$): \$1,650,000 Procurement/Assistance Instrument: Grant Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Kenya Medical Supplies Agency New Partner: No

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 4064.08 System ID: 6970 Planned Funding(\$): \$0 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: Kenya Medical Training College New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded Mechanism ID: 3738.08 System ID: 6971 Planned Funding(\$): \$0 Procurement/Assistance Instrument: Grant Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Kenya Medical Training College New Partner: No Sub-Partner: Pangaea Global AIDS Foundation Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: FAHIDA

Mechanism Type: Local - Locally procured, country funded Mechanism ID: 3615.08 System ID: 6972 Planned Funding(\$): \$1,100,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Kenya Rural Enterprise Program New Partner: No

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 8680.08 System ID: 8680 Planned Funding(\$): \$900,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: KNCV TB Foundation New Partner: Yes

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded Mechanism ID: 238.08 System ID: 6973 Planned Funding(\$): \$600,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: Department of Defense Funding Source: GHCS (State) Prime Partner: Live With Hope Centre New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 360.08 System ID: 6974 Planned Funding(\$): \$3,670,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: Liverpool VCT and Care New Partner: No Sub-Partner: World Provision Centre Planned Funding: \$22,400 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT -Counseling and Testing, HTXS - ARV Services Sub-Partner: Osiligi VCT Centre, Ngong Planned Funding: \$22,400 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT -Counseling and Testing, HTXS - ARV Services Sub-Partner: Pepo la Tumaini Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: ARC Tivoli Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 7888.08 System ID: 7888 Planned Funding(\$): \$2,773,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Macro International New Partner: No

Mechanism Name: APHIA II Evaluation

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 8886.08 System ID: 8886 Planned Funding(\$): \$0 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Macro International New Partner: No

Mechanism Name: Leadership, Management, and Sustainability

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 7448.08

System ID: 7448

Planned Funding(\$): \$2,050,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Management Sciences for Health

New Partner: No

Sub-Partner: Eastern & Southern Management Institute

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Adventist Development & Relief Agency Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: SPS

Mechanism Type:HQ - Headquarters procured, country fundedMechanism ID:390.08System ID:6976Planned Funding(\$):\$5,500,000Procurement/Assistance Instrument:Cooperative AgreementAgency:U.S. Agency for International DevelopmentFunding Source:GHCS (State)Prime Partner:Management Sciences for HealthNew Partner:No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 285.08 System ID: 6977 Planned Funding(\$): \$1,500,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: Mildmay International New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded Mechanism ID: 3676.08 System ID: 6978 Planned Funding(\$): \$1,000,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State)

Prime Partner: Mildmay International

New Partner: No

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
06-HBHC	4131.08	Early funding request for \$500,000 will be required to maintain the support for the students already in training in the medical colleges. This will ensure that the training programs continue without any interruption and any interruption would damage the credibility of the program that uses GOK training facilities. COP 07 funds have only been allocated up to March 2008 and any interruption in the flow of funds will have detrimental impact in implementation of the MOH training program.		\$1,000,000

Mechanism Name: New Partners Initiative

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 7793.08

System ID: 7793

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Mothers 2 Mothers

New Partner: Yes

Mechanism Name: Blood Safety Renovations

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 7434.08

System ID: 7434

Planned Funding(\$): \$345,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: N/A

New Partner: Yes

Mechanism Name: Club 25

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 7432.08 System ID: 7432 Planned Funding(\$): \$0 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: N/A New Partner: Yes

Mechanism Name: Donor Notification

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 7433.08 System ID: 7433 Planned Funding(\$): \$300,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: N/A New Partner: Yes Mechanism Name: Early Mortality Collaborative PHE

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 9306.08

System ID: 9306

Planned Funding(\$): \$810,000

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: No

Mechanism Name: Electronic Medical Records

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 8138.08

System ID: 8138

Planned Funding(\$): \$800,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) Prime Partner: N/A

New Partner: Yes

Mechanism Name: Health Policy Initiative

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 342.08 System ID: 7007

Planned Funding(\$): \$5,140,000

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: Yes

Sub-Partner: Nairobi Women's Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: National AIDS Control Council, Kenya Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening **Mechanism Name: Indicator Development**

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 5090.08

System ID: 6909

Planned Funding(\$): \$150,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: No

Mechanism Name: IPT PHE

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 7881.08

System ID: 7881

Procurement/Assistance Instrument: Cooperative Agreement

Planned Funding(\$): \$0

Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: N/A New Partner: Yes

Mechanism Name: Kilifi PHE

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 8137.08 System ID: 8137 Planned Funding(\$): \$400,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: N/A New Partner: No

Mechanism Name: Lab Certification

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 9381.08 System ID: 9381 Planned Funding(\$): \$300,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: N/A New Partner: Yes Mechanism Name: Lab Renovations

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 8676.08

System ID: 8676

Planned Funding(\$): \$400,000

Procurement/Assistance Instrument: USG Core

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: No

Mechanism Name: MTCT Collaborative PHE

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 9307.08 System ID: 9307 Planned Funding(\$): \$218,675 Procurement/Assistance Instrument: USG Core Agency: Department of Defense Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: No

Mechanism Name: Nyanza Care and Treatment FOA

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 8673.08 System ID: 8673 Planned Funding(\$): \$4,300,000 Procurement/Assistance Instrument: USG Core Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: N/A New Partner: No

Mechanism Name: OGAC TBD

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 8883.08 System ID: 8883 Planned Funding(\$): \$1,399,769 Procurement/Assistance Instrument: USG Core Agency: Department of State / Office of the U.S. Global AIDS Coordinator Funding Source: GHCS (State) Prime Partner: N/A New Partner: No

Mechanism Name: Partnership for an HIV-Free Generation

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 8679.08

System ID: 8679

Planned Funding(\$): \$1,000,000

Procurement/Assistance Instrument: USG Core

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: No

Mechanism Name: Partnership for an HIV-Free Generation (CDC)

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7831.08

System ID: 7831

Planned Funding(\$): \$1,355,650

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: Yes

Mechanism Name: Phones for Health

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 7286.08 System ID: 7286 Planned Funding(\$): \$1,205,513 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: N/A New Partner: Yes

Mechanism Name: Prevention Follow-On

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 8125.08 System ID: 8125 Planned Funding(\$): \$0 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: N/A New Partner: Yes Mechanism Name: TB Training

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 7531.08 System ID: 7531 Planned Funding(\$): \$480,000 Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: Yes

Mechanism Name: Umbrella

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 7441.08 System ID: 7441 Planned Funding(\$): \$3,575,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State)

Prime Partner: N/A New Partner: No

Mechanism Name: Uniformed Services

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 8675.08 System ID: 8675 Planned Funding(\$): \$1,702,500 Procurement/Assistance Instrument: USG Core Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: N/A New Partner: No

Mechanism Name: Lab Renovations

Mechanism Type: Local - Locally procured, country funded Mechanism ID: 7455.08 System ID: 7455 Planned Funding(\$): \$1,200,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: N/A New Partner: Yes **Mechanism Name: Mapping Service Points**

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 7457.08

System ID: 7457

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: Yes

Mechanism Name: Mission Competitive Procurement / OI Drugs

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3618.08

System ID: 6917

Planned Funding(\$): \$116,950,000

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: N/A New Partner: No

Mechanism Name: Nutrition and HIV/AIDS

Mechanism Type: Local - Locally procured, country funded Mechanism ID: 1125.08 System ID: 6916 Planned Funding(\$): \$2,900,000 Procurement/Assistance Instrument: Contract Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: N/A New Partner: No

Mechanism Name: OVC PHE

Mechanism Type: Local - Locally procured, country funded Mechanism ID: 7882.08 System ID: 7882 Planned Funding(\$): \$0 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: N/A New Partner: Yes

Mechanism Name: Partnership for an HIV-Free Generation (DOD)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 7859.08

System ID: 7859

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Cooperative Agreement

Agency: Department of Defense

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: Yes

Mechanism Name: Partnership for an HIV-Free Generation (USAID)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 7858.08

System ID: 7858

Planned Funding(\$): \$1,530,650

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State) Prime Partner: N/A

New Partner: Yes

Mechanism Name: SI Activities

Mechanism Type: Local - Locally procured, country funded Mechanism ID: 7456.08 System ID: 7456 Planned Funding(\$): \$2,450,000 Procurement/Assistance Instrument: Contract Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: N/A New Partner: Yes

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
13-HVSI	9012.08	Early funds will be used to support the vehicle rental costs and survey team per diem costs during the main field work for the 2008 Kenya Demographic and Health Survey, scheduled to start in February 2008 and run through May 2008.	\$850,000	\$2,450,000

Mechanism Name: Unallocated

Mechanism Type: Unallocated (GHCS) Mechanism ID: 8122.08 System ID: 8122 Planned Funding(\$): \$0 Procurement/Assistance Instrument: Agency: Funding Source: GHCS (State) Prime Partner: N/A New Partner:

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 3465.08 System ID: 6981 Planned Funding(\$): \$8,295,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: National AIDS & STD Control Program New Partner: No

Mechanism Name:

Mechanism Type: Central - Headquarters procured, centrally funded Mechanism ID: 1457.08 System ID: 6982 Planned Funding(\$): \$3,000,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: Central GHCS (State) Prime Partner: National Blood Transfusion Service, Kenya New Partner: No

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
03-HMBL	4273.08	PEPFAR funds are used primarily to donor outreach sessions at six regional blood transfusion centers for the recruitment of voluntary non- remunerated blood donors (VNRDs). Kenya obtains 80% of blood for transfusion from the National Blood Transfusion Service (NBTS). Interruption of recruitment activities results in severe country-wide shortages and relapse to use of family replacement donors who have a much higher HIV prevalence than VNRDs. In addition, 78 contract clinical and administrative staff hired to support implementation of Blood safety activities receive 100% of their salaries from this cooperative agreement.		\$3,000,000

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 296.08 System ID: 6983 Planned Funding(\$): \$2,000,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: Network of AIDS Researchers in East and Southern Africa New Partner: No

Mechanism Name: HIVQUAL

Mechanism Type:HQ - Headquarters procured, country fundedMechanism ID:8678.08System ID:8678Planned Funding(\$):\$300,000Procurement/Assistance Instrument:Cooperative AgreementAgency:HHS/Health Resources Services AdministrationFunding Source:GHCS (State)Prime Partner:New York AIDS InstituteNew Partner:Yes

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 286.08 System ID: 6984 Planned Funding(\$): \$1,740,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: New York University New Partner: No Sub-Partner: Bomu Medical Centre, Mombasa Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID -OVC, HTXS - ARV Services

Mechanism Type: Central - Headquarters procured, centrally funded Mechanism ID: 7427.08 System ID: 7427 Planned Funding(\$): \$1,000,000 Procurement/Assistance Instrument: Contract Agency: U.S. Agency for International Development Funding Source: Central GHCS (State) Prime Partner: Partnership for Supply Chain Management New Partner: No **Mechanism Name:** Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 4924.08 System ID: 6985 Planned Funding(\$): \$17,269,417 Procurement/Assistance Instrument: Contract Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Partnership for Supply Chain Management New Partner: No Sub-Partner: The Fuel Logistics Group Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HTXS - ARV Services, HLAB - Laboratory Infrastructure, OHPS - Other/Policy Analysis and Sys Strengthening Sub-Partner: John Snow Research and Training Institute Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HTXS - ARV Services, HLAB - Laboratory Infrastructure, OHPS - Other/Policy Analysis and Sys Strengthening Sub-Partner: Management Sciences for Health Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HTXS - ARV Services, HLAB - Laboratory Infrastructure, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Voxiva Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HTXS - ARV Services, HLAB - Laboratory Infrastructure, OHPS - Other/Policy Analysis and Sys Strengthening Sub-Partner: UPS Supply Chain Solutions Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HTXS - ARV Services, HLAB - Laboratory Infrastructure, OHPS - Other/Policy Analysis and Sys Strengthening Sub-Partner: Crown Agents Consultancy, Inc Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HTXS - ARV Services, HLAB - Laboratory Infrastructure, OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name:

Mechanism Type:HQ - Headquarters procured, country fundedMechanism ID:292.08System ID:6986Planned Funding(\$):\$1,500,000Procurement/Assistance Instrument:Cooperative AgreementAgency:HHS/Centers for Disease Control & PreventionFunding Source:GHCS (State)Prime Partner:Pathfinder InternationalNew Partner:No

Mechanism Name: APHIA II - Central

Mechanism Type: Local - Locally procured, country funded Mechanism ID: 4917.08 System ID: 6987 Planned Funding(\$): \$7,535,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Pathfinder International New Partner: No

Mechanism Name: APHIA II - Nairobi

Mechanism Type: Local - Locally procured, country funded Mechanism ID: 9253.08 System ID: 9253 Planned Funding(\$): \$7,535,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Pathfinder International New Partner: No Mechanism Name: APHIA II - North Eastern Mechanism Type: Local - Locally procured, country funded Mechanism ID: 4919.08 System ID: 6914 Planned Funding(\$): \$5,100,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Pathfinder International New Partner: No Sub-Partner: IntraHealth International, Inc Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HTXS - ARV Services Sub-Partner: Management Sciences for Health Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVTB - Palliative Care: TB/HIV, OHPS - Other/Policy Analysis and Sys Strengthening Sub-Partner: Family Programs Promotion Services Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT -Counseling and Testing Sub-Partner: Network of AIDS Researchers in East and Southern Africa Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HTXS - ARV Services, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: Breaking Barriers

Mechanism Type: Central - Headquarters procured, centrally funded Mechanism ID: 3724.08 System ID: 6989 Planned Funding(\$): \$920,040 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: Central GHCS (State) Prime Partner: PLAN International New Partner: No

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 448.08 System ID: 6992 Planned Funding(\$): \$1,460,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: Population Council New Partner: No

Mechanism Name: Frontiers in Reproductive Health

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 384.08

System ID: 6991

Planned Funding(\$): \$600,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Population Council

New Partner: No

Sub-Partner: Program for Appropriate Technology in Health Planned Funding: \$300,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Mechanism Name: Horizons

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 182.08 System ID: 6990 Planned Funding(\$): \$550,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Population Council New Partner: No. Sub-Partner: Liverpool VCT and Care Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT -Counseling and Testing, HTXS - ARV Services Sub-Partner: Christian Health Association of Kenya Planned Funding: \$0 Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT -Counseling and Testing, HTXS - ARV Services Sub-Partner: PLAN International Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT -Counseling and Testing, HTXS - ARV Services Sub-Partner: Program for Appropriate Technology in Health Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT -Counseling and Testing, HTXS - ARV Services

Mechanism Name: BRIDGE Project

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 341.08 System ID: 6993 Planned Funding(\$): \$500,000 Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Population Reference Bureau

New Partner: No

Sub-Partner: National Coordinating Agency for Population and Development Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: APHIA II - Health Communication & Marketing

Mechanism Type: Local - Locally procured, country funded Mechanism ID: 3588.08 System ID: 6994 Planned Funding(\$): \$14,790,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Population Services International New Partner: No Sub-Partner: JHPIEGO

Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVCT - Counseling and

Testing, OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Type: Local - Locally procured, country funded Mechanism ID: 5003.08 System ID: 6995 Planned Funding(\$): \$2,000,000 Procurement/Assistance Instrument: Contract Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Price Waterhouse Coopers New Partner: No

Mechanism Name: Scouting Solutions

Mechanism Type: Central - Headquarters procured, centrally funded Mechanism ID: 3734.08

System ID: 6996

Planned Funding(\$): \$795,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Program for Appropriate Technology in Health New Partner: No

Mechanism Name: TB Country Support/ TASC 2

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 569.08 System ID: 6998 Planned Funding(\$): \$0 Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Program for Appropriate Technology in Health New Partner: No

Mechanism Name: APHIA II - Western

Mechanism Type: Local - Locally procured, country funded Mechanism ID: 4918.08 System ID: 6999 Planned Funding(\$): \$15,850,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Program for Appropriate Technology in Health New Partner: No Sub-Partner: World Vision Kenya Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening Sub-Partner: Elizabeth Glaser Pediatric AIDS Foundation Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening Sub-Partner: Society for Women and AIDS in Kenya Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening Sub-Partner: JHPIEGO Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI -Strategic Information Sub-Partner: Kabras Jua Kali Association Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening Sub-Partner: Rural Education & Economic Enhancement Program Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening Sub-Partner: Kima Integrated Community Based Program Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: Infant and Young Children Nutrition

Mechanism Type: Local - Locally procured, country funded Mechanism ID: 7880.08

System ID: 7880

Planned Funding(\$): \$200,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Program for Appropriate Technology in Health New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 4061.08 System ID: 7000 Planned Funding(\$): \$7,800,000 Procurement/Assistance Instrument: USG Core Agency: Department of State / African Affairs Funding Source: GHCS (State) Prime Partner: Regional Procurement Support Office/Frankfurt New Partner: No

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
03-HMBL	6446.08	Early funding is required for this activity. This fund will be used to complete the Centralized testing laboratory of the National Blood Transfusion Service. Construction, which begins in September 2007, v be at an advanced stage in 2008. I will be expedient for completion to achieved within 40 weeks, get the contractor out of site and place testing equipment within the premises.	vill t	\$450,000
Mechanism Name:				. fundad
	M	echanism Type: Central - Head Mechanism ID: 3826.08	uquarters procured, centrali	y lunded
		System ID: 7001		
	Plan	ned Funding(\$): \$0		
Р		nce Instrument: Cooperative A	greement	
			or International Developme	nt
	F	unding Source: Central GHCS	S (State)	
		Prime Partner: Salesian Miss	ion	
		New Partner: No		

Mechanism Type: Central - Headquarters procured, centrally funded Mechanism ID: 3707.08 System ID: 7002 Planned Funding(\$): \$669,587 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: Central GHCS (State) Prime Partner: Samaritan's Purse New Partner: No Sub-Partner: N/A Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful Sub-Partner: N/A Planned Funding: \$0

Sub-Partner: N/A Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 393.08 System ID: 7003 Planned Funding(\$): \$250,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: Department of Defense Funding Source: GHCS (State) Prime Partner: Samoei Community Development Programme New Partner: No

Mechanism Name: Child and Family Wellness Shops

Mechanism Type: Local - Locally procured, country funded Mechanism ID: 4930.08 System ID: 7004 Planned Funding(\$): \$0 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: Sustainable Health Enterprise Foundation New Partner: No

Mechanism Type: Local - Locally procured, country funded Mechanism ID: 671.08 System ID: 7005 Planned Funding(\$): \$350,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: Department of Defense Funding Source: GHCS (State) Prime Partner: Tenwek Hospital New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 4154.08 System ID: 7006 Planned Funding(\$): \$96,755 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: The American Society for Microbiology New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 4921.08 System ID: 7009 Planned Funding(\$): \$950,000 Procurement/Assistance Instrument: Grant Agency: Department of State / Population, Refugees, and Migration Funding Source: GHCS (State) Prime Partner: United Nations High Commissioner for Refugees New Partner: No

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 288.08 System ID: 7011 Planned Funding(\$): \$7,812,675 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: University of California at San Francisco

New Partner: No

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
11-HTXS	4138.08	Early funding request for University of California at San Francisco will be required to support the ongoing HIV care and treatment activities and the expansion to new sites. UCSF has continued to give quality care in HIV/AIDS care and treatment services. The early funding request is to enable UCSF to be able to run their existing sites plus their new additional sites in terms of personnel, equipment and other commodities. COP 07 funds have only been allocated up to March 2008 and any interruption in the flow of funds will have detrimental impact in implementation of the HIV care activities.	\$3,000,000	\$4,930,305

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 287.08 System ID: 7013 Planned Funding(\$): \$2,144,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: University of Manitoba New Partner: No

Early Funding Activities

	U							
	Program Area	Activity ID	Early Funding Na	irrative	Early Funding Request	Planned Funds		
	11-HTXS 4136.08 Early funding request for University \$800,000 \$800,000 of Manitoba will be required to support the ongoing HIV care and treatment activities and the expansion to new sites. The University of Manitoba has met their targets has even gone beyond (by 460 clients) in FY 2007. From September 2007, they will be having an additional ART clinic to cater for sex workers in Korogocho. The early funding request is to enable University of Manitoba be able to run their existing sites plus the additional site in terms of personnel, equipment and other commodities. COP 07 funds have only been allocated up to March 2008 and any interruption in the flow of funds will have detrimental impact in implementation of the HIV care activities							
N	lechanism Name: Depart	tment of Obstet	trics and Gyneco	ology				
		М	echanism Type:	HQ - Headquarte	ers procured, country funded			
			Mechanism ID:	303.08				
			System ID:					
			ned Funding(\$):					
	Procu	rement/Assista	ince Instrument:					
			•••		r Disease Control & Prevention			
		F	Funding Source:					
				University of Na	irobi			
			New Partner:	No				
N	lechanism Name: Depart	ment of Pediat	rics					
		М	echanism Type:	HQ - Headquarte	ers procured, country funded			
			Mechanism ID:	217.08				
			System ID:	7016				
		Plan	ned Funding(\$):	\$2,700,000				
	Procu	rement/Assista	ince Instrument:	Cooperative Agr	reement			
			Agency:	HHS/Centers for	r Disease Control & Prevention			
		F	Funding Source:	GHCS (State)				

Prime Partner: University of Nairobi

New Partner: No

Mechanism Name: HIV Fellowships

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 7533.08 System ID: 7533

Planned Funding(\$): \$1,200,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: University of Nairobi

New Partner: Yes

Mechanism Name: APHIA II Evaluation

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 147.08

System ID: 7019

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: University of North Carolina

New Partner: No

Sub-Partner: National AIDS Control Council, Kenya

Planned Funding: \$230,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVSI - Strategic Information

Sub-Partner: Population Studies & Research Institute Planned Funding: \$230,000 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVSI - Strategic Information

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 483.08 System ID: 7020 Planned Funding(\$): \$3,840,000 Procurement/Assistance Instrument: Cooperative Agreement Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State) Prime Partner: University of Washington New Partner: No Sub-Partner: Coptic Hospital Planned Funding: \$0 Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HTXS -ARV Services

Mechanism Name:

Mechanism Type:HQ - Headquarters procured, country fundedMechanism ID:1504.08System ID:7021Planned Funding(\$):\$6,988,977Procurement/Assistance Instrument:USG CoreAgency:U.S. Agency for International DevelopmentFunding Source:GHCS (State)Prime Partner:US Agency for International DevelopmentNew Partner:No

Mechanism Name: IAP IRM Charges

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 7940.08 System ID: 7940 Planned Funding(\$): \$0 Procurement/Assistance Instrument: USG Core Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: US Agency for International Development New Partner: No

Mechanism Name: IRM Charges

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 7938.08 System ID: 7938 Planned Funding(\$): \$351,561 Procurement/Assistance Instrument: USG Core Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: US Agency for International Development New Partner: No

Mechanism Name: Community Grants Program

Mechanism Type: Local - Locally procured, country funded Mechanism ID: 5450.08 System ID: 7022 Planned Funding(\$): \$0 Procurement/Assistance Instrument: USG Core Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: US Agency for International Development New Partner: No

Mechanism Type:	HQ - Headquarters procured, country funded
Mechanism ID:	4076.08
System ID:	7024
Planned Funding(\$):	\$4,043,416
Procurement/Assistance Instrument:	USG Core
Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)
Prime Partner:	US Centers for Disease Control and Prevention
New Partner:	No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds		
15-HVMS	6477.08	Core M&S is 70% funded through GHAI funds. These funds include support for IT infrastructure and CDC -Kenya core infrastructure, which will be charged to CDC early in the year. Early funding is requested to cover these charges, as well as other critical core operating expenses.	\$1,028,931	\$2,355,134		
lechanism Name: At	anta-assessed Ch	arges				
Mechanism Type: HQ - Headquarters procured, country funded						
	Mechanism ID: 7933.08					
		System ID: 7933				
	Plar	nned Funding(\$): \$1,123,299				
Pr	ocurement/Assist	ance Instrument: USG Core				
		Agency: HHS/Centers for	Disease Control & Prevention			
Funding Source: GHCS (State)						
		Prime Partner: US Centers for D	Disease Control and Prevention	ו		
New Partner: No						

	Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds		
	15-HVMS	18073.08	Core M&S is 70% funded through GHAI funds. These funds include support for IT infrastructure and CDC -Kenya core infrastructure, which will be charged to CDC early in the year. Early funding is requested to cover these charges, as well as other critical core operating expenses.	\$2,530,929	\$1,123,299		
Me	echanism Name:						
	Mechanism Type: Local - Locally procured, country funded						
	Mechanism ID: 1501.08						
			System ID: 7025				
		Plan	ned Funding(\$): \$5,871,543				
	Procur	rement/Assista	nce Instrument: USG Core				
	Agency: HHS/Centers for Disease Control & Prevention						
	Funding Source: GAP						
			Prime Partner: US Centers for I	Disease Control and Prevention			
			New Partner: No				

Mechanism Name: Atlanta-assessed Charges

Mechanism Type: Local - Locally procured, country funded Mechanism ID: 7934.08 System ID: 7934 Planned Funding(\$): \$1,249,457 Procurement/Assistance Instrument: USG Core Agency: HHS/Centers for Disease Control & Prevention Funding Source: GAP Prime Partner: US Centers for Disease Control and Prevention New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 1503.08 System ID: 7026 Planned Funding(\$): \$1,233,299 Procurement/Assistance Instrument: USG Core Agency: Department of Defense Funding Source: GHCS (State) Prime Partner: US Department of Defense New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 4112.08 System ID: 7027 Planned Funding(\$): \$283,113 Procurement/Assistance Instrument: USG Core Agency: Department of State / African Affairs Funding Source: GHCS (State) Prime Partner: US Department of State New Partner: No

Mechanism Name: CSCS Charges

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 7932.08 System ID: 7932 Planned Funding(\$): \$70,000 Procurement/Assistance Instrument: USG Core Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: US Department of State

New Partner: No

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds					
15-HVMS	18075.08	Core M&S is 70% funded through GHAI funds. These funds include support for IT infrastructure and CE -Kenya core infrastructure, which w be charged to CDC early in the yea Early funding is requested to cover these charges, as well as other critical core operating expenses.	/ill ır.	\$70,000					
Mechanism Name: IA	AP ICASS Charges								
Mechanism Type: HQ - Headquarters procured, country funded									
		Mechanism ID: 7939.08							
		System ID: 7939							
	Plai	nned Funding(\$): \$0							
P	rocurement/Assist	ance Instrument: USG Core							
Agency: U.S. Agency for International Development									
		Funding Source: GHCS (State)							
		Prime Partner: US Department	nt of State						
		New Partner: No							
Mechanism Name: ICASS Charges									
	Ν	Mechanism Type: HQ - Headqua	irters procured, country funded	i					
		Mechanism ID: 7931.08							
		System ID: 7931							
	Plai	nned Funding(\$): \$830,000							
Р	rocurement/Assist	ance Instrument: USG Core							
		Agency: HHS/Centers	for Disease Control & Preventi	on					
		Funding Source: GHCS (State)							
Prime Partner: US Department of State									
		New Partner: No							
Early Funding Acti	vities								
Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds					

riogram Alea	Activity ID	Larry running Narrative	Larry running Request	Flaimeu Fullus
15-HVMS	10095.08	Core M&S is 70% funded through GHAI funds. These funds include support for ICASS payments, which will be charged to CDC early in the year. Early funding is requested to cover these charges.	\$800,000	\$830,000

Mechanism Name: ICASS Charges

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 7935.08 System ID: 7935 Planned Funding(\$): \$136,000 Procurement/Assistance Instrument: USG Core Agency: Department of Defense Funding Source: GHCS (State) Prime Partner: US Department of State

New Partner: No

Mechanism Name: ICASS Charges

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 7936.08

System ID: 7936

Planned Funding(\$): \$16,349

Procurement/Assistance Instrument: USG Core

Agency: Department of State / Office of the U.S. Global AIDS Coordinator Funding Source: GHCS (State) Prime Partner: US Department of State New Partner: No

Mechanism Name: ICASS Charges

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 7937.08 System ID: 7937 Planned Funding(\$): \$251,443 Procurement/Assistance Instrument: USG Core Agency: U.S. Agency for International Development Funding Source: GHCS (State) Prime Partner: US Department of State New Partner: No

Mechanism Name: Community Grants Program

Mechanism Type: Local - Locally procured, country funded Mechanism ID: 4955.08 System ID: 7028 Planned Funding(\$): \$450,000 Procurement/Assistance Instrument: USG Core Agency: Department of State / African Affairs Funding Source: GHCS (State) Prime Partner: US Department of State New Partner: No Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded Mechanism ID: 247.08 System ID: 7029 Planned Funding(\$): \$1,042,600 Procurement/Assistance Instrument: USG Core Agency: Peace Corps Funding Source: GHCS (State) Prime Partner: US Peace Corps New Partner: No

Mechanism Name: Support to Ophans and Vulnerable Children Affected by HIV/AIDS

Mechanism Type: Central - Headquarters procured, centrally funded Mechanism ID: 3729.08 System ID: 7030

Planned Funding(\$): \$426,896

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: World Concern New Partner: No

Sub-Partner: World Relief Corporation

Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Food for the Hungry Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HKID - OVC

Sub-Partner: Nazarene Compassionate Ministries Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HKID - OVC Sub-Partner: Christian Reformed World Relief Committee

Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: Yes Associated Area Programs: HKID - OVC Mechanism Name:

Mechanism Type: Central - Headquarters procured, centrally funded Mechanism ID: 3705.08 System ID: 7031 Planned Funding(\$): \$311,775 Procurement/Assistance Instrument: Cooperative Agreement Agency: U.S. Agency for International Development Funding Source: Central GHCS (State) Prime Partner: World Relief Corporation New Partner: No Sub-Partner: Scripture Union Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: Sub-Partner: Faraja Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: Sub-Partner: N/A Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful Sub-Partner: Anglican Church of Kenya Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: Sub-Partner: N/A Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful Sub-Partner: N/A Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Area Programs: HVAB - Abstinence/Be Faithful Sub-Partner: N/A Planned Funding: \$0 Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name:

Mechanism Type:Central - Headquarters procured, centrally fundedMechanism ID:4684.08System ID:7032Planned Funding(\$):\$564,000Procurement/Assistance Instrument:Cooperative AgreementAgency:U.S. Agency for International DevelopmentFunding Source:Central GHCS (State)Prime Partner:World Vision InternationalNew Partner:No

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	ACE Communications	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	ACE Communications	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Africa Focus	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Asumbi	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Beacon of Hope	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Child Welfare Society of Kenya	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Church World Service, Inc.	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Community Development Action	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Community Research in Environment and Development Initiatives	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Franciscan Sisters of the Immaculate Conception	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Handicap International	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Health Education Africa Resource Team	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	HelpAge International	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Hope Worldwide	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	I Choose Life	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Impact Research and Development Organization	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Kenya HIV/AIDS Private Sector Business Council	Ν	\$100,000
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Kenya Network of Women with AIDS	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Makindu Children's Centre	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Mothers' Rural Care for AIDS Orphans	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Nazareth Hospital	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Neighbors in Action - Kenya	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Reachout	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Ripples International	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Rural AIDS Prevention and Development Organization	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	St. Camillus Dala Kiye Children Welfare Home	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	St. Mary's Medical Center, Kapsoya	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Tropical Institute of Community Health and Development	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Tropical Institute of Community Health and Development	Ν	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Twana Twitu	Ν	\$0

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Wajir South Development Association	N	\$0
441.08	6920	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Wema Centre	Ν	\$0
3733.08	6938	Christian Children's Fund, Inc	U.S. Agency for International Development	Central GHCS (State)	Kenya Rural Enterprise Program	Ν	\$67,235
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Africa Infectious Disease Village Clinics, Inc	Ν	\$480,000
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Africa Inland Church Health Ministries	Ν	\$160,000
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	African Society of Blood Transfusion - Kenya Chapter	Ν	\$0
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Apostles of Jesus AIDS Ministries	Ν	\$130,000
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association of Hospice in Kenya	Ν	\$80,000
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Baptist AIDS Response Agency, Kenya	Ν	\$120,000
348.08		Community Housing Foundation	Control & Prevention	GHCS (State)	Blood Link Foundation	Ν	\$0
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Center for AIDS Awareness, Youth & Environment	Ν	\$95,000
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Center for Research and Development	Ν	\$125,000
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Christian Missionary Fellowship International	Ν	\$350,000
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Community Communication for Health Development in Africa	Ν	\$0
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Gethsemane Garden Christian Centre Academy	Ν	\$155,000
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Great Commission Church International	Ν	\$0
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Hindu Council of Kenya	Ν	\$0
348.08		Community Housing Foundation	Control & Prevention	GHCS (State)	HIV Life	Ν	\$350,000
348.08		Community Housing Foundation	Control & Prevention	GHCS (State)	Kabondo Community Health Development Group	Ν	\$0
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kenya Assemblies of God	Ν	\$35,000
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kenya Association for the Prevention of Tuberculosis & Lung Diseases	Ν	\$0
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kenya Episcopal Conference	Ν	\$0
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kenya National Youth Service	Ν	\$0
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kenya Pediatric Association	Ν	\$470,000
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kenya Police Department	Ν	\$0
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kenya Red Cross Society	Ν	\$0
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kenya Society for People with AIDS	Ν	\$40,000
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kenya Wildlife Service	Ν	\$0
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Merlin	Ν	\$535,000
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Movement of Men Against AIDS in Kenya	Ν	\$95,000

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nairobi Hospital	Ν	\$0
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Narok Integrated Development Program	Ν	\$130,000
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nomadic Community Trust	Ν	\$185,000
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nyanza Reproductive Health Society	Ν	\$100,000
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nyarami VCT Center	Ν	\$0
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	OleMila VCT	Ν	\$40,000
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Our Lady of Perpetual Support for People Living with AIDS & Orphans, Kenya	Ν	\$50,000
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Pillar of Hope, Kenya	Ν	\$0
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Rehema AIDS Resource Centre	Ν	\$0
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Siaya Peasant Community Outreach Project	Ν	\$30,000
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Society for Women and AIDS in Kenya	Ν	\$60,000
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Society of Hospital and Resource Exchange	Ν	\$272,000
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Soy AIDS and Youth Resource Center, Lugari	Ν	\$110,000
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	St. Orsola Hospital, Tharaka	Ν	\$280,000
348.08	6941	Community Housing Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Upendo Widows Group	Ν	\$0
4915.08	6944	Engender Health	U.S. Agency for International Development	GHCS (State)	Academy for Educational Development	Ν	\$0
4915.08	6944	Engender Health	U.S. Agency for International Development	GHCS (State)	Christian Health Association of Kenya	Ν	\$0
4915.08	6944	Engender Health	U.S. Agency for International Development	GHCS (State)	Impact Research and Development Organization	Ν	\$0
4915.08	6944	Engender Health	U.S. Agency for International Development	GHCS (State)	Program for Appropriate Technology in Health	Ν	\$0
4913.08	6948	Family Health International	U.S. Agency for International Development	GHCS (State)	Africa Medical Research Foundation	Ν	\$0
4913.08	6948	Family Health International	U.S. Agency for International Development	GHCS (State)	Catholic Relief Services	Ν	\$0
4913.08	6948	Family Health International	U.S. Agency for International Development	GHCS (State)	Cooperative League of the USA	Ν	\$0
4913.08	6948	Family Health International	U.S. Agency for International Development	GHCS (State)	I Choose Life	Ν	\$0
4913.08	6948	Family Health International	U.S. Agency for International Development	GHCS (State)	International Centre for Reproductive Health	Ν	\$0
4913.08	6948	Family Health International	U.S. Agency for International Development	GHCS (State)	JHPIEGO	Ν	\$0
4913.08	6948	Family Health International	U.S. Agency for International Development	GHCS (State)	Kenya AIDS NGO Consortium	Ν	\$0
4913.08	6948	Family Health International	U.S. Agency for International Development	GHCS (State)	Kenya Girl Guides Association	Ν	\$0
4913.08	6948	Family Health International	U.S. Agency for International Development	GHCS (State)	Kenya Police	Ν	\$0
4913.08	6948	Family Health International	U.S. Agency for International Development	GHCS (State)	Kenya Wildlife Service	Ν	\$0
4913.08	6948	Family Health International	U.S. Agency for International Development	GHCS (State)	Malindi Educational Development Association	Ν	\$0
4913.08	6948	Family Health International	U.S. Agency for International Development	GHCS (State)	Ministry of Health - Coast, Kenya	Ν	\$0

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
4913.08	6948	Family Health International	U.S. Agency for International Development	GHCS (State)	Moving the Goal Posts	N	\$0
4913.08	6948	Family Health International	U.S. Agency for International Development	GHCS (State)	National Empowerment Network of people living with HIV/AIDS	Ν	\$0
4913.08	6948	Family Health International	U.S. Agency for International Development	GHCS (State)	National Organization of Peer Educators	Ν	\$0
4913.08	6948	Family Health International	U.S. Agency for International Development	GHCS (State)	Pathfinder International	Ν	\$0
4913.08	6948	Family Health International	U.S. Agency for International Development	GHCS (State)	PharmAccess	Ν	\$0
4913.08	6948	Family Health International	U.S. Agency for International Development	GHCS (State)	Social Impact	Ν	\$0
4913.08	6948	Family Health International	U.S. Agency for International Development	GHCS (State)	Solidarity with Women in Distress	Ν	\$0
4913.08	6948	Family Health International	U.S. Agency for International Development	GHCS (State)	Strengthening Community Partnership and Empowerment	Ν	\$0
4913.08	6948	Family Health International	U.S. Agency for International Development	GHCS (State)	Voi Youth Forum	Ν	\$0
4916.08	6947	Family Health International	U.S. Agency for International Development	GHCS (State)	Catholic Relief Services	Ν	\$0
4916.08	6947	Family Health International	U.S. Agency for International Development	GHCS (State)	Cooperative League of the USA	Ν	\$284,978
4916.08	6947	Family Health International	U.S. Agency for International Development	GHCS (State)	I Choose Life	Ν	\$138,749
4916.08	6947	Family Health International	U.S. Agency for International Development	GHCS (State)	JHPIEGO	Ν	\$0
4916.08	6947	Family Health International	U.S. Agency for International Development	GHCS (State)	National Empowerment Network of people living with HIV/AIDS	Ν	\$89,059
4916.08	6947	Family Health International	U.S. Agency for International Development	GHCS (State)	National Organization of Peer Educators	Ν	\$0
4916.08	6947	Family Health International	U.S. Agency for International Development	GHCS (State)	Samburu AIDS in Africa	Ν	\$360,320
4916.08	6947	Family Health International	U.S. Agency for International Development	GHCS (State)	Social Impact	Ν	\$0
4916.08	6947	Family Health International	U.S. Agency for International Development	GHCS (State)	World Vision Kenya	Ν	\$0
305.08	6956	International Rescue Committee	HHS/Centers for Disease Control & Prevention	GHCS (State)	Africa Inland Church Health Ministries	Ν	\$0
2328.08	6958	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Africa Medical Research Foundation	Ν	\$0
2328.08	6958	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Deloitte Touche Tohmatsu	Ν	\$0
2328.08	6958	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Interchurch Medical Assistance	Ν	\$0
2328.08	6958	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	JHPIEGO	Ν	\$0
2328.08	6958	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Kenya Medical Training College	Ν	\$0
2328.08	6958	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Liverpool Associates in Tropical Health	Ν	\$0
2328.08	6958	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Management Sciences for Health	Ν	\$0
2328.08	6958	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Program for Appropriate Technology in Health	Ν	\$0
2328.08	6958	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Training Resources Group	Ν	\$0
4914.08	6960	JHPIEGO	U.S. Agency for International Development	GHCS (State)	African Medical and Research Foundation	Ν	\$0
4914.08	6960	JHPIEGO	U.S. Agency for International Development	GHCS (State)	Cooperative League of the USA	Ν	\$0
4914.08	6960	JHPIEGO	U.S. Agency for International Development	GHCS (State)	Elizabeth Glaser Pediatric AIDS Foundation	Ν	\$0

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
4914.08	6960	JHPIEGO	U.S. Agency for International Development	GHCS (State)	Family Health International	N	\$0
4914.08	6960	JHPIEGO	U.S. Agency for International Development	GHCS (State)	Hope World Wide - Kenya	Ν	\$0
4914.08	6960	JHPIEGO	U.S. Agency for International Development	GHCS (State)	Liverpool VCT and Care	Ν	\$0
4914.08	6960	JHPIEGO	U.S. Agency for International Development	GHCS (State)	Pepo la Tumaini	Ν	\$0
4914.08	6960	JHPIEGO	U.S. Agency for International Development	GHCS (State)	Program for Appropriate Technology in Health	Ν	\$0
4914.08	6960	JHPIEGO	U.S. Agency for International Development	GHCS (State)	Ripples International	Ν	\$0
4914.08	6960	JHPIEGO	U.S. Agency for International Development	GHCS (State)	Tumaini Awareness Group	Ν	\$0
323.08	6963	Kenya AIDS NGO Consortium	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kibera Community Self Help Programme	Ν	\$0
323.08	6963	Kenya AIDS NGO Consortium	HHS/Centers for Disease Control & Prevention	GHCS (State)	National Organization for Peer Educators, Kenya	Ν	\$0
3476.08	6968	Kenya Medical Research Institute	Department of Defense	GHCS (State)	Africa Inland Church Litein Hospital	Ν	\$0
3476.08	6968	Kenya Medical Research Institute	Department of Defense	GHCS (State)	James Finlay (K) Ltd.	Ν	\$0
3476.08	6968	Kenya Medical Research Institute	Department of Defense	GHCS (State)	Kapkatet District Hospital	Ν	\$0
3476.08	6968	Kenya Medical Research Institute	Department of Defense	GHCS (State)	Kapsabet District Hospital	Ν	\$0
3476.08	6968	Kenya Medical Research Institute	Department of Defense	GHCS (State)	Kericho District Hospital, Kenya	Ν	\$0
3476.08	6968	Kenya Medical Research Institute	Department of Defense	GHCS (State)	Kilgoris District Hospital	Ν	\$0
3476.08	6968	Kenya Medical Research Institute	Department of Defense	GHCS (State)	Live With Hope Centre	Ν	\$0
3476.08	6968	Kenya Medical Research Institute	Department of Defense	GHCS (State)	Londiani Sub-District Hospital	Ν	\$0
3476.08	6968	Kenya Medical Research Institute	Department of Defense	GHCS (State)	Longisa District Hospital	Ν	\$0
3476.08	6968	Kenya Medical Research Institute	Department of Defense	GHCS (State)	Nandi Hills District Hospital	Ν	\$0
3476.08	6968	Kenya Medical Research Institute	Department of Defense	GHCS (State)	Tenwek Hospital	Ν	\$0
3476.08	6968	Kenya Medical Research Institute	Department of Defense	GHCS (State)	Unilever Tea Kenya	Ν	\$0
3738.08	6971	Kenya Medical Training College	U.S. Agency for International Development	GHCS (State)	Pangaea Global AIDS Foundation	Ν	\$0
360.08	6974	Liverpool VCT and Care	HHS/Centers for Disease Control & Prevention	GHCS (State)	ARC Tivoli	Ν	\$0
360.08	6974	Liverpool VCT and Care	HHS/Centers for Disease Control & Prevention	GHCS (State)	Osiligi VCT Centre, Ngong	Ν	\$22,400
360.08	6974	Liverpool VCT and Care	HHS/Centers for Disease Control & Prevention	GHCS (State)	Pepo la Tumaini	Ν	\$0
360.08	6974	Liverpool VCT and Care	HHS/Centers for Disease Control & Prevention	GHCS (State)	World Provision Centre	Ν	\$22,400
7448.08	7448	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Adventist Development & Relief Agency	Ν	\$0
7448.08	7448	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Eastern & Southern Management Institute	Ν	\$0
286.08	6984	New York University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Bomu Medical Centre, Mombasa	Ν	\$0
4924.08	6985	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Crown Agents Consultancy, Inc	Ν	\$0
4924.08	6985	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	John Snow Research and Training Institute	Ν	\$0
4924.08	6985	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Management Sciences for Health	Ν	\$0

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
4924.08	6985	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	The Fuel Logistics Group	Ν	\$0
4924.08	6985	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	UPS Supply Chain Solutions	Ν	\$0
4924.08	6985	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Voxiva	Ν	\$0
4919.08	6914	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Family Programs Promotion Services	Ν	\$0
4919.08	6914	Pathfinder International	U.S. Agency for International Development	GHCS (State)	IntraHealth International, Inc	Ν	\$0
4919.08	6914	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Management Sciences for Health	Ν	\$0
4919.08	6914	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Network of AIDS Researchers in East and Southern Africa	Ν	\$0
182.08	6990	Population Council	U.S. Agency for International Development	GHCS (State)	Christian Health Association of Kenya	Ν	\$0
182.08	6990	Population Council	U.S. Agency for International Development	GHCS (State)	Liverpool VCT and Care	Ν	\$0
182.08	6990	Population Council	U.S. Agency for International Development	GHCS (State)	PLAN International	Ν	\$0
182.08	6990	Population Council	U.S. Agency for International Development	GHCS (State)	Program for Appropriate Technology in Health	Ν	\$0
384.08	6991	Population Council	U.S. Agency for International Development	GHCS (State)	Program for Appropriate Technology in Health	Ν	\$300,000
341.08	6993	Population Reference Bureau	U.S. Agency for International Development	GHCS (State)	National Coordinating Agency for Population and Development	Ν	\$0
3588.08	6994	Population Services International	U.S. Agency for International Development	GHCS (State)	JHPIEGO	Ν	\$0
4918.08	6999	Program for Appropriate Technology in Health	U.S. Agency for International Development	GHCS (State)	Elizabeth Glaser Pediatric AIDS Foundation	Ν	\$0
4918.08	6999	Program for Appropriate Technology in Health	U.S. Agency for International Development	GHCS (State)	JHPIEGO	Ν	\$0
4918.08	6999	Program for Appropriate Technology in Health	U.S. Agency for International Development	GHCS (State)	Kabras Jua Kali Association	Ν	\$0
4918.08	6999	Program for Appropriate Technology in Health	U.S. Agency for International Development	GHCS (State)	Kima Integrated Community Based Program	Ν	\$0
4918.08	6999	Program for Appropriate Technology in Health	U.S. Agency for International Development	GHCS (State)	Rural Education & Economic Enhancement Program	Ν	\$0
4918.08	6999	Program for Appropriate Technology in Health	U.S. Agency for International Development	GHCS (State)	Society for Women and AIDS in Kenya	Ν	\$0
4918.08	6999	Program for Appropriate Technology in Health	U.S. Agency for International Development	GHCS (State)	World Vision Kenya	Ν	\$0
147.08	7019	University of North Carolina	U.S. Agency for International Development	GHCS (State)	National AIDS Control Council, Kenya	Ν	\$230,000
147.08	7019	University of North Carolina	U.S. Agency for International Development	GHCS (State)	Population Studies & Research Institute	Ν	\$230,000
483.08	7020	University of Washington	HHS/Centers for Disease Control & Prevention	GHCS (State)	Coptic Hospital	Ν	\$0
3729.08	7030	World Concern	U.S. Agency for International Development	Central GHCS (State)	Christian Reformed World Relief Committee	Ν	\$0
3729.08	7030	World Concern	U.S. Agency for International Development	Central GHCS (State)	Food for the Hungry	Ν	\$0
3729.08	7030	World Concern	U.S. Agency for International Development	Central GHCS (State)	Nazarene Compassionate Ministries	Ν	\$0
3729.08	7030	World Concern	U.S. Agency for International Development	Central GHCS (State)	World Relief Corporation	Ν	\$0
3705.08	7031	World Relief Corporation	U.S. Agency for International Development	Central GHCS (State)	Anglican Church of Kenya	Ν	\$0

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3705.08	7031	World Relief Corporation	U.S. Agency for International Development	Central GHCS (State)	Faraja	Ν	\$0
3705.08	7031	World Relief Corporation	U.S. Agency for International Development	Central GHCS (State)	Scripture Union	Ν	\$0

Table 3.3: Program Planning Table of Contents

MTCT - PMTCT	
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	МТСТ
Program Area Code:	01

Total Planned Funding for Program Area: \$29,222,375

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

MTCT Program Narrative COP 2008

Key Result 1: Access to Prevention of Mother to Child HIV Transmission (PMTCT) services improved by 3,000 sites providing HIV Counseling and Testing (CT) to 1,200,000 pregnant women (80% of all pregnancies projected for period).

Key Result 2: Quality of PMTCT services increased through supportive supervision (SS) and training of 5,000 health care workers (HCW), and provision of antiretroviral (ARV) prophylaxis to over 96,000 HIV infected (HIV+) pregnant women.

Key Result 3: PMTCT services integrated into networked facilities providing Maternal and Child Health (MCH) services to include Antenatal Care (ANC), Family Planning (FP) services, infant feeding counseling and support, case management for children with suspected malaria, and Early Infant HIV Diagnosis (EID).

Key Result 4: Demand for PMTCT services, stigma reduction, and psychosocial support groups (PSG) increased through community-level and mass media communications, greater involvement of men and mothers living with HIV (Mothers2Mothers / M2M).

Key Result 5: Access to comprehensive HIV care services including CD4 count testing for HIV+ pregnant women, initiation of ongoing anti-retroviral therapy (ART) for 19,200 women, and efforts to identify and support HIV+ family members improved through referral to existing programs.

CURRENT PROGRAM CONTEXT

PMTCT services in Kenya have been scaled up to a fully-fledged national program. PMTCT is a key result area in the 2007-2012 Kenya National AIDS Strategic plan. Specific targets are to increase access to PMTCT services so as to reach 80% of all pregnant women in Kenya by the end of 2008, with a 50% reduction in pediatric HIV infections. Strategies to be adopted are (1) strengthening of all four PMTCT prongs (primary HIV prevention, family planning to prevent unwanted pregnancies, ARV prophylaxis to prevent mother to child HIV transmission, and care and treatment for all family members with pregnant woman providing the entry point); (2) improvement of physical infrastructure for delivery of quality obstetric and FP services; (3) training and SS for HCW; (4) creating demand for PMTCT services through coherent communication strategies; (5) strengthening of PSG to help reduce stigma, increase adherence to infant feeding choices and ARV prophylaxis/treatment, encourage post-natal follow up through M2M at both facility and community levels; (6) establishment of effective management and logistics systems; and (7) strengthening of PMTCT monitoring and evaluation systems.

These strategies will result in nationwide implementation of quality PMTCT services that are linked to more comprehensive and higher quality care for HIV+ women and their families. The Emergency Plan (EP) is a major partner of the Ministry of Health (MOH) and supports ~90% of PMTCT services delivered in the country.

STATISTICS

The PMTCT program has made tremendous progress in scaling-up services in every district in the country, including among hardest-to-reach populations. Current national HIV prevalence among pregnant women is estimated at 8%, with rates being higher in urban versus rural areas. Close to 1,438,478 pregnant women have had CT and ARV prophylaxis has been provided to more than 85,742 HIV+ women. Between October 2006 and March 2007, PMTCT services were offered in 1,736 facilities and 2,000 HCW were trained, 367,468 pregnant women received HIV CT, and ARV prophylaxis was provided to 23,906 HIV + women. To date, the EP program has helped avert approximately 18,000 pediatric HIV infections in the country.

SERVICES

HIV CT in health facilities is offered routinely using rapid testing with same day results. Pregnant women attending ANC are provided with information about PMTCT through group counseling and given a chance to opt-out of testing, with >95% accepting CT. Single dose Nevirapine (sdNVP) tablets and syrup are given to all HIV+ women at first contact. Women in WHO stage 3 and 4 are initiated on antiretroviral therapy (ART). Those in stages 1 and 2 are initiated on AZT after 28 weeks gestation. All HIV+ pregnant women are started on cotrimoxazole (CTX) prophylaxis and HIV- women are given Malaria Intermittent Presumptive Treatment (IPT). Nationwide coverage for PMTCT interventions currently stands at 60% and 50% for CT and ARV prophylaxis, respectively.

Priority areas in 2008 include facilitating EID; counseling on infant feeding; scaling up use of more efficacious ARV prophylactic regimens; access to care and treatment for HIV+ pregnant women and family members; and expanding CT services to include couples, FP and child welfare clients. Greater emphasis will be placed on primary prevention for the majority of women identified as HIV- through PMTCT programs. In order to strengthen many of these services, the country has developed a combined mother-baby card to help in identifying HIV exposed infants so that they can receive follow up. EID using PCR testing will be intensified to reach at least 50% of exposed babies.

In improving quality at PMTCT sites, the program has defined a comprehensive package of care for all pregnant women. These include comprehensive obstetric care, CT, WHO staging, ARV and CTX prophylaxis, ART for eligible women, and counseling on maternal and infant nutrition. In measuring quality, the program has harmonized and standardized data collection tools, in conjunction with MOH.

The 2008 PMTCT priorities are based on identified country gaps. Expected pregnancies and HIV prevalence based on population census were used to set targets.

REFERRALS AND LINKAGES

Well-integrated and comprehensive HIV care and treatment programs have already started. These are mainly hospital-based and have entry points from different areas including PMTCT programs and MCH clinics. HIV+ pregnant women are assessed for care, including CD4 count where available. The PMTCT program will pilot initiation and provision of ART within MCH in mature PMTCT sites to improve access to ART care. 48,000 (50%) HIV+ pregnant women will receive more efficacious ARV regimens, 19,200 (20%) will receive ART and 28,800 (30%) will receive single dose NVP. The latter will also receive AZT/3TC for one week post-natally to cover the NVP "tail". Laboratory networks for EID have been established for follow up of HIV exposed infants. We will enhance greater involvement of people living with HIV and AIDS (GIPA) through facility- and community-based PSG that link mothers to palliative care, Presidential Malaria Initiative services, and income generating activities.

POLICY

The PMTCT and Pediatric ART Technical Working Groups meet quarterly to address policy guidelines and curricula development. They work closely with the SI team both at USG and national level to monitor quality and conduct targeted evaluations. Partner meetings will be held in the field to improve supervision. To reduce stigma, mothers from the PMTCT program will be recruited to lead support groups utilizing the "M2M" model from South Africa. Male partner participation has started in some sites through innovations including invitation letters to Saturday clinics, PSG, and provision of additional care for males identified as HIV+.

WORK OF HOST GOVERNMENT AND OTHER IMPLEMENTING PARTNERS

The EP is responsive to implementation goals of the National PMTCT Program. Partners funded to support program implementation include the Kenya Ministry of Health; research and educational institutions such as Kenya Medical Research Institute, Moi University and the University of Nairobi; international and local non-governmental organizations; faith based organizations; private sector providers; and the Kenya Medical Supplies Agency for work to strengthen logistics and commodity management. Media campaigns and more effective reporting through APHIA Health Communications and Marketing and Internews are also supported.

OUTSTANDING CHALLENGES AND GAPS

Expansion of PMTCT service coverage remains critical. In the last year, 60% of all pregnant women in the country were reached. Loss in the PMTCT cascade is still worrisome and needs innovation. Successful referrals and linkages are a challenge for HIV+ women and their exposed children. Polymerase Chain Reaction (PCR) testing has recently been introduced although the impact is not yet fully felt. Infants identified as HIV- through PCR at six weeks who are still breastfeeding pose a challenge as communicating results to the mother can be extremely difficult if they later become infected through breastfeeding.

Reaching pregnant women who either do not attend ANC (less than 10%) or deliver at facilities (greater than 70%) remains challenging.

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to nation international standards	onal and	2423
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received to results	heir test	1200530
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a setting	I PMTCT	96100
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards		5074

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 4914.08 Prime Partner: JHPIEGO Funding Source: GHCS (State) Budget Code: MTCT Activity ID: 8752.08 Activity System ID: 14861 Mechanism: APHIA II - Eastern USG Agency: U.S. Agency for International Development Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$1,300,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS, EMPHASIS AREAS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

The APHIA II Eastern PMTCT activities will relate to HIV/AIDS treatment/ARV services (#8792), counseling and testing (#8782), Orphans and Vulnerable Children (#9041), Palliative Care (#8863), TB/HIV (#9069) and Condoms and Other Prevention (#8932) activities in the same region.

2. ACTIVITY DESCRIPTION

APHIA II Eastern will continue to provide technical assistance to a number of health facilities within targeted districts in Eastern Province, providing PMTCT services. This assistance will increase management, as well as technical, capacity of staff at these sites improving quality and productivity. The project will also work to improve PMTCT outcomes, examining ways to increase compliance with infant feeding and treatment guidelines and to increase the number of women who return to facilities for delivery and post-partum followup. The APHIA II Eastern will train 300 health providers in 130 facilities providing PMTCT services. In 2008, the APHIA II Eastern will work with several types of partners in Kenya. First, it will continue to support expansion and quality improvements for PMTCT services through working closely with the faith-based facilities, with the explicit purpose of building programmatic and administrative capacity to implement HIV programs. Second, it will expand support for PMTCT services to public sector facilities in 6 districts that lack other USG support in the province. Supported sites will counsel and test 79,161 pregnant women and provide ART prophylaxis to 3,349 HIV positive women. Of the HIV positive women, 1,675 will receive AZT, 670 HAART and 1004 single dose nevirapine for prophylaxis. 1,675 exposed infants will receive PCR for early infant diagnosis. The APHIA II Eastern will continue to participate in the Ministry of Health's (MOH) Technical Working Group to ensure coordination of site selection, project activities, monitoring and evaluation and linkages between these sites. They will comply with MOH clinical and reporting guidelines and will use the WHO/CDC-based national training curriculum. APHIA II Eastern will also help the more mature facilities to graduate to PMTCT+ sites, providing ART and other care and support services to HIV+ women and their families. It will establish laboratory networks which will provide easy access to CD4 counts as well as other chemistry tests that often hinder access to ART uptake. It will build on its work already established in some parts of Eastern province to increase access to these services as well as access to early infant diagnosis. It will put emphasis on male involvement, psychosocial support, as well as psychosocial support for health care providers and care givers of HIV infected children.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

APHIA II Eastern activities in the specific geographic regions will contribute to 6.6% of 1,200,000 pregnant women in COP 2008 PEPFAR goals for PMTCT primary prevention and care. Planned activities will improve equity in access to HIV prevention and care services since the currently underserved communities will have better access, and APHIA II Eastern will work to ensure there are adequate networks and linkages between their sites and medical sites where AIDS care and treatment are available for both adults and children. On top of this APHIA II Eastern will offer PMTCT+ services in selected sites. These activities will contribute to the result of increased access to counseling and testing services, particularly among underserved and high risk populations and the result of increased availability of diagnostic counseling and testing services in medical settings to identify the large numbers of HIV infected patients who are potential candidates for ART.

4. LINKS TO OTHER ACTIVITIES

Linkages between PMTCT service and care outlets will be strengthened to improve utilization of care opportunities created through PEPFAR funding. The APHIA II Eastern PMTCT activities will relate to HTXS, HVCT, OVC, HBHC, HVTB and HVOP activities in the same region.

5. POPULATIONS BEING TARGETED

This activity targets adults of reproductive health age, pregnant women, family planning clients, infants, and HIV positive pregnant women. Strategies to improve quality of services will target health care workers in public, private and faith based facilities such as doctors, nurses, and other health care workers such as clinical officers, mid wives and public health officers. It will also target host country government workers such as the National AIDS control program staff.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This APHIA II Eastern activity will increase gender equity in programming through PMTCT services targeted to pregnant women and their spouses. Women have the highest HIV burden both through infection and as care givers. Identifying them through PMTCT will give them an opportunity to access care and improved pregnancy outcomes for themselves their spouses and their infants. Increased availability of PMTCT and PMTCT+ services will increase access and help reduce stigma at community and facility level.

7. EMPHASIS AREAS

This activity includes major emphasis on human capacity development through training and supportive supervision of health care workers in PMTCT service provision, support to strategic information, linkage to family planning, malaria initiative and safe motherhood programs as well as local organization capacity development to manage PMTCT services, quality assurance and infrastructure development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8752

Related Activity: 14862, 14863, 14864, 14865, 14866, 14867, 14869

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20602	8752.20602. 09	U.S. Agency for International Development	JHPIEGO	9088	4914.09	APHIA II - Eastern	\$1,500,000
8752	8752.07	U.S. Agency for International Development	JHPIEGO	4914	4914.07	APHIA II - Eastern	\$630,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14862	8725.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$2,300,000
14863	8932.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,200,000
14864	8863.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$700,000
14865	9069.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$300,000
14866	9041.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$5,500,000
14867	8782.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,200,000
14869	8875.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$200,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	130	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	79,161	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	3,349	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	200	False

Indirect Targets

General population			
Children (under 5)			
Boys			
Children (under 5)			
Girls			
Ages 15-24			
Men			
Ages 15-24			
Women			
Adults (25 and over)			
Men			
Adults (25 and over)			
Women			
Other			
Pregnant women			
Discordant Couples			
People Living with HI	/ / AIDS		

Coverage Areas

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 210.08

Prime Partner: Kenya Medical Research Institute

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 4095.08

Activity System ID: 14875

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01

Planned Funds: \$1,578,138

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only change to the program since approval in the 2007 COP is rationalization in geographic coverage: CDC KEMRI is scaling down on the supported sites within Nyanza (from 5 districts to 2) in order to improve efficiency by not spreading the partner too thin in geographic coverage and while allowing for in-depth coverage in the selected areas.

1. LIST OF RELATED ACTIVITIES

ARV Services (#6945), and Palliative Care: TB/HIV (#6944)

2. ACTIVITY DESCRIPTION

The Kenya Medical Research Institute (KEMRI) has been supporting the delivery of PMTCT services in the five districts of Kisumu, Nyando, Kisii, Gucha and Nyamira in Nyanza Province with Emergency plan funding since 2004. To date, the program has supported integration of PMTCT services in 201 ANC and maternity units. In FY 2008, KEMRI will redirect efforts to concentrate and take leadership in the core function of supporting research oriented activities instead of direct service implementation in some of the districts. KEMRI will continue to support implementation of PMTCT activities in two districts of Nyamira and Masaba, both within the Nyanza region. Program activities include counseling and testing of pregnant women in antenatal clinics (ANC) and in maternity wards, and provision of the more efficacious PMTCT ARV regimens to HIV+ women and exposed infants. In 2008, KEMRI will counsel and test 23,844 pregnant women and provide antiretroviral prophylaxis for 1,860 HIV-positive women; 50% (930) of these women will receive both SD Nevirapine and AZT while 558 will get SD Nevirapine. In addition the program will support the WHO clinical staging of all HIV positive pregnant women to identify those eligible for HAART in line with the National guidelines, and will facilitate linkage or access to HAART for 372 of these women. CD4 testing will also be used as additional criteria for identification of women eligible for HAART. All HIV positive women identified through the PMTCT program will be given Cotrimoxazole for OI prophylaxis therapy. TB is one of the common opportunistic infection seen in HIV positive individuals. The program will continue to work with the TB/HIV program to strengthen TB screening among HIV-positive pregnant women and make referrals for treatment. The program will continue to support the follow up of HIV-positive women and their infants in the postnatal period through strengthening postnatal care services at facility level. The current package of care for the mother includes regular follow up, linkage to family planning services, OI prophylaxis and counseling on correct infant feeding practices; infant additional care activities include OI prophylaxis using Cotrimoxazole starting at six weeks of age, and DBS for HIV- PCR (Early Infant HIV Diagnosis-EID). The program will target 1,860 HIV exposed infants for DBS, and will work with the HIV/AIDS treatment program to ensure linkage to pediatric HIV care services for all eligible infants. The program will also strengthen psychosocial care and support for the HIV-positive mother and her family at both the facility and community levels through the establishment of structured support groups. At the facility level, interventions will include psychosocial counseling with a focus on giving information and skills to the HIV-positive women to encourage adherence to interventions such as correct use of ARVs and optimal infant feeding practices. At the community level, the interventions will include establishment of support groups, dealing with disclosure and encouraging partner and family support. The program will also initiate and support couple counseling and testing to strengthen HIV prevention incase of discordant couples. KEMRI will work with the Ministry of Health to support implementation of PMTCT services in 70 health facilities with the goal of achieving universal geographic coverage of services. The program will train 100 service providers on PMTCT and comprehensive HIV management for HIV-positive mothers and their families. This program will also support DBS for DNA PCR activities through the purchase of the required supplies, and will conduct Quality Assurance activities in HIV testing at MCH and maternity settings at selected PMTCT sites.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute 2 % of the pregnant women who receive counseling and testing and 2% of the ARV prophylaxis to the 2008 PEPFAR PMTCT target totals. This program will also contribute to the number of HIV positive women accessing TB screening and treatment services thereby contributing to the PEPFAR care and treatment goals. Finally, the program will also contribute to pediatric HIV care and treatment goal through identification of HIV-exposed and infected infants who require care and treatment.

4. LINKS TO OTHER ACTIVIES

This activity relates to the KEMRI ARV Services program (#6945), and the KEMRI TB program in Nyanza Province (#6944). This activity is linked to Palliative Care and HIV/AIDS treatment/ARV services through the provision of ongoing care to the HIV-positive women in the antenatal and post natal settings, care of the HIV exposed infant in the post natal period, referral for pediatric HIV diagnosis and referral to the ART sites for women and infants based on the national guidelines. It also linked to Palliative Care: TB/HIV through the integration of TB screening services among the HIV positive pregnant women in PMTCT settings and referral to the TB clinics.

5. POPULATIONS BEING TARGETED

The target population is children under 5 years, pregnant adolescent girls and their partners (15-24 years), adults, Discordant couples, people living with HIV/AIDS, and pregnant women.

6. EMPHASIS AREAS/KEY LEGISLATIVE ISSUES

Program emphasis areas are increasing gender equity in HIV/AIDS by improving access to HIV testing for women accessing PMTCT services as well as strengthening couple counseling and testing. Other program emphasis areas include in-service training, Family Planning , Malaria and safe motherhood which all contribute to improved reproductive health and malaria prevention and treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6949

Related Activity: 14878, 14879, 14882

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20621	4095.20621. 09	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	9095	210.09		\$2,307,347
6949	4095.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	4246	210.07		\$3,462,306
4095	4095.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3201	210.06		\$900,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14878	4088.08	6964	210.08		Kenya Medical Research Institute	\$252,844
14879	4090.08	6964	210.08		Kenya Medical Research Institute	\$589,786
14882	4091.08	6964	210.08		Kenya Medical Research Institute	\$2,879,695

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- Human Capacity Development
- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	70	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	23,844	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,860	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	100	False

Indirect Targets

General po	pulation			
Children (ur	ider 5)			
Boys				
Children (ur	ider 5)			
Girls				
Ages 15-24				
Men				
Ages 15-24				
Women				
Adults (25 a	nd over)			
Men				
Adults (25 a	nd over)			
Women				
Other				
Pregnant w	omen			
Discordant	Couples			
People Livir	ig with HIV / AIDS			

Coverage Areas

Mechanism ID: 3478.08	Mechanism: ACCESS
Prime Partner: JHPIEGO	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 4811.08	Planned Funds: \$300,000
Activity System ID: 14857	

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS

The only changes to the program since approval in the 2007 COP are the extension of the PMTCT supervisory model from district to lower level facilities (Health centers) to sustain provider performance through continuous on the job (OTJ) cascade training and support supervision. Subsequently all facility-level supervisors will be encouraged to regularly provide on-the-job orientation and support to PMTCT frontline workers using a cascade on-the-job (OTJ) approach. The activity also strives to strengthen linkages between PMTCT, CCCs and PLHA support groups in order to increase access to HIV prevention and ART for adults, adolescents and children who are most likely to benefit.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Prevention of Mother-to-Child Transmission (#7006).

2. ACTIVITY DESCRIPTION

In FY 2006 USAID's ACCESS Project implemented by JHPIEGO supported the DRH to strengthen its supervisory function, quality assurance program and referral systems to ensure the delivery of high quality PMTCT services at public sector and faith-based facilities. Because the linkages between PMTCT and CCCs are still weak, HIV-free survival of infants born to HIV infected mothers cannot be guaranteed. In FY 2007, JHPIEGO will continue to build upon FY 2006 initiatives by further supporting the MOH's Division of Reproductive Health, to develop the capacity of 16 provincial and 120 district level DRH and NASCOP officers to oversee the integration of reproductive health (RH) with HIV services and assure better referrals and linkages between PMTCT and ART services. In FY 2008 the DRH with NASCOP will provide guidance on how to strengthen PMTCT/FP/ART integration to 500 provincial and district level DRH and NASCOP officers using the standard-based management and recognition approach. Through regular support to the district and provincial PMTCT training and supervision teams, DRH with NASCOP will ensure a coordinated scale up of integrated HIV care and treatment, family planning, postnatal care including psychosocial support while assuring effective linkages between PMTCT, PMTCT plus services and HIV care and treatment services for HIV positive women, their infants and family members. In FY 2008 JHPIEGO will participate in the MOH's Technical Working Group for PMTCT (jointly led by DRH and NASCOP) to ensure coordination of activities and compliance with MOH guidelines for service delivery.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The MOH's division of reproductive health provides leadership, coordination and advocacy for national reproductive health programs and NASCOP. By supporting the provision of integrated PMTCT/FP/ART services the DRH will significantly contribute to the PEPFAR goals for primary prevention, care and treatment. The decentralized training and supervision system will build capacity of provincial and district DRH and NASCOP officers in managing comprehensive PMTCT with HIV and RH services and universal access to ARV prophylaxis across provinces. This activity also contributes substantively to Kenya's Five-Year strategy of availing services, which can reduce mother-to-child infections, and providing critical links to HIV/AIDS treatment as a step towards preserving the family unit. It also contributes to the strategy to integrate testing with other health services and improving the referral links among all of these services.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in PMTCT though NASCOP (#7006) to improve the quality and supervision of integrated prevention care and treatment services. It also enhances referral linkages within HIV services.

5. POPULATIONS BEING TARGETED

Strategies to improve quality of services will directly target policy makers, National AIDS control program staff, other Ministry of Health staff working as program managers in the DRH at provincial and district level. Service providers such as doctors, nurses, mid wives, other health care workers including clinical officers and public health officers working in both public and faith based facilities, as well as infants and pregnant women in rural and urban communities will also benefit from support supervision. The PMTCT TWG works with faith-based organizations, non-governmental organizations and implementing organizations.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in programming through PMTCT services targeted towards pregnant women and their spouses. Increased availability of PMTCT and PMTCT+ services and the BCC program for infant feeding will increase access and help reduce stigma at community and facility level. This activity has a wrap around component namely supporting linkages between HIV/AIDS and RH services

7. EMPHASIS AREAS

The activity includes a major emphasis on quality assurance and supportive supervision. There is a minor emphasis on development of network/linkages/referral systems and information, education and communication. The activity will support strategic information through printing and dissemination of data collection tools

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6925

Related Activity: 14930

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20598	4811.20598. 09	U.S. Agency for International Development	JHPIEGO	9087	3478.09	ACCESS	\$300,000
6925	4811.07	U.S. Agency for International Development	JHPIEGO	4239	3478.07	ACCESS	\$1,082,740
4811	4811.06	U.S. Agency for International Development	JHPIEGO	3478	3478.06	ACCESS	\$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14930	4225.08	6981	3465.08		National AIDS & STD Control Program	\$550,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Pregnant women
People Living with HIV / AIDS
Table 3.3.01: Activities by Funding Mechansim

Mechanism: Uniformed Services Project USG Agency: HHS/Centers for Disease

Program Area: Prevention of Mother-to-Child

Program Area Code: 01

Planned Funds: \$25,000

Control & Prevention

Transmission (PMTCT)

Mechanism ID: 1246.08

Funding Source: GHCS (State)

Activity ID: 4258.08

Budget Code: MTCT

Activity System ID: 14886

Prime Partner: Kenya Medical Research Institute

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6950), Palliative Care: TB/HIV (#6951), and HIV/AIDS Treatment: ARV Services (#6954).

2. ACTIVITY DESCRIPTION

The Uniformed Services is comprised of Non-Military Services such as the Prison Services (KPS), National Youth Service (NYS), Kenya Police Department (KPD), Kenya Wildlife Services (KWS), and Administration Police (AP). With Emergency Plan funding, KEMRI U/S project has been supporting implementation of PMTCT activities in the non-military Uniformed Services as part of the HIV/AIDS program. This was done through training of service providers, minor infrastructure renovations, logistics supply, and management and technical assistance. These services have many similarities; the young men and women working there often serve away from their homes and are thus vulnerable to risky sexual behaviors. The various camps and stations have significant numbers of young families. Health services in these camps are also accessed by the surrounding civilian communities who benefit from the PMTCT services. In FY 2008, CDC will continue supporting KPS and NYS, and AP and the non-military Uniformed Services, with the following objectives: (i) increase access to quality PMCTC services to both members of staff, families and neighboring communities, (ii) integrate quality PMCT service into routine maternal and child health services, (iii) increase awareness, benefits and availability of PMTCT services within the selected sites. CT services will be offered to 1,500 pregnant women and will target to provide a complete course of ARV prophylaxis to 90 HIV-positive pregnant women. All HIV-positive pregnant women eligible for HAART will be linked to the ART program. Postnatal care and follow up of all HIV-positive women and their infants will be strengthened. The care package for the mothers will include regular follow up, linkage to family planning services, OI prophylaxis and counseling on correct infant feeding practices; while infant additional care activities will include OI prophylaxis using Cotrimoxazole starting at six weeks of age, and DBS for HIV- PCR (Early Infant HIV Diagnosis-EID). The program will target 90 for DBS and will link all eligible infants to the ART program (for pediatric HIV care). The program will also encourage male partner HIV testing as well as male involvement and support. The program will also support the training of 30 service providers on PMTCT.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The planned activities will improve equity in access to HIV prevention and care services to the uniformed services under "Special Population" category. These activities will contribute to the result of increased access by pregnant women and their families to HIV counseling and testing services, and those identified as HIV infected will be referred for care and treatment.

4. LINKS TO OTHER ACTIVITIES

This activity relates to KEMRI U/S ARV services program (#6954), KEMRI U/S counseling and testing (#6950) and KEMRI U/S TB/HIV services (#6951). Linkages between PMTCT service and care outlets will be strengthened to improve utilization of care opportunities created through PEPFAR funding.

5. POPULATIONS BEING TARGETED

This activity targets children under 5 years, adolescents aged 15-24 years, adults, people living with HIV/AIDS and pregnant women.

6. EMPHASIS AREAS/KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in programming through PMTCT services targeted to pregnant women and their male sexual partners. Identifying the women through PMTCT will give them an opportunity to access care, improve pregnancy outcomes, and access services for their partners and family members. Other emphasis areas include in service training, and wrap around health programs to include Family Planning, Malaria (PMI) and safe motherhood through the provision of comprehensive PMTCT care package at the maternal and child health facilities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6953

Related Activity: 14888, 14889

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6953	4258.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	4247	1246.07	Uniformed Services Project	\$50,000
4258	4258.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3263	1246.06	Uniformed Services Project	\$20,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14888	4256.08	6965	1246.08	Uniformed Services Project	Kenya Medical Research Institute	\$300,000
14889	4259.08	6965	1246.08	Uniformed Services Project	Kenya Medical Research Institute	\$100,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	5	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	1,500	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	90	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	30	False

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Pregnant women
People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 1244.08 Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State) Budget Code: MTCT Activity ID: 4251.08

Activity System ID: 14892

Mechanism: Kenya Department of Defense USG Agency: Department of Defense Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01 Planned Funds: \$100,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: Basic Health Care and Support (#6960), Counseling and Testing (#6957) and HIV/AIDS Treatment: ARV Services (#6958).

2. ACTIVITY DESCRIPTION

The Kenya Department of Defense (KDOD) medical service provides health care to 100,000 military personnel, their dependants, and the civilian staff employed by KDOD. In FY 2008, KDOD will continue to extend Prevention of Mother-To-Child Transmission (PMTCT) services to communities living in the neighborhood of the military barracks with a total population of approximately 500,000. Currently the KDOD offers PMTCT services in 20 of the 40 military camps sites nationwide. The PMTCT program will provide Counseling and Testing (CT) in the PMTCT setting to 5,000 pregnant service women, spouses of service personnel, and underserved populations in the neighboring communities surrounding the military barracks. Antiretroviral prophylaxis will be provided to at least 300 of the HIV-infected pregnant women; these will include AZT prophylaxis from 28 weeks gestation to at least 50% of them while 50% of them will be given the more comprehensive regime consisting of AZT and NVP. 80% of their HIV exposed infants will also be provided with ARV prophylaxis. Cotrimoxazole prophylaxis will be provided to all HIV exposed infants and their mothers. Counseling on infants feeding will also be provided. The PMTCT services will continue to be integrated into all existing military maternity facilities targeting 500 eligible women who will be served with family planning information and services. The KDOD also will continue to offer sexual partner testing targeting 500 men. In order to improve on sustainability, KDOD will train 30 additional health care workers in PMTCT including family planning and nutrition. A further 30 health care workers will receive refresher training on PMTCT. Training will be in accordance with the guidelines set by the Ministry of Health (MOH). Quality assurance will be ensured through establishment of a strategic information and monitoring system that will facilitate data analysis. Regular consultations and sharing of experiences within the military and with the MOH will be undertaken in an effort to improve PMTCT services and strengthen follow up of infants born to HIV infected women. The KDOD will undertake PMTCT site infrastructure renovations as necessary. Linkages with HIV care and treatment services including antiretroviral treatment (ART) offered by the KDOD will be strengthened to ensure that all those identified as HIV-infected have access to them. Linkages will also be made to family planning services. The KDOD will continue to receive technical assistance from the United States Department of Defense (USDOD).

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to overall PEPFAR and Kenya government national goal of ensuring that at least 80% of all health facilities are providing PMTCT services by the end of year 2008. KDOD PMTCT activity will also contribute to 0.4% of the overall national target of 1,200,000 pregnant women accessing PMTCT services in FY 2008. The planned activities will also improve equity in access to HIV prevention and care services of the most at risk populations. These activities will contribute to the result of increased access to CT services, and those identified, as HIV-infected will be referred for care, support and treatment.

4. LINKS TO OTHER ACTIVITIES

Linkages between PMTCT service and care outlets will be strengthened to improve utilization of care opportunities created through PEPFAR funding. The PMTCT activities will relate to KDOD activities in palliative care (#6960), CT (#6957) and HIV/AIDS treatment/ART services (#6958). PMTCT services include CT which is largely diagnostic, provision of ARV prophylaxis, and appropriate referrals for the management of opportunistic infections and HIV/AIDS treatment.

5. POPULATIONS BEING TARGETED

This activity targets adult of reproductive health age, pregnant women, HIV-exposed/ infected infants, and HIV positive pregnant women. Strategies to improve quality of services will target health care workers, doctors, nurses, midwives, clinical officer, and the local communities.

6. KEY LEGISLATIVE ISSUES ADDRESSED.

This activity will increase gender equity in programming through PMTCT services targeted towards pregnant women and their male sexual partners. Identifying the women through PMTCT will give them an opportunity to access care for themselves, partners, and their children-all resulting in improved pregnancy outcomes. Increased availability of PMTCT and PMTCT+ services will increase access to HIV care, treatment and help reduce stigma and discrimination at military community and facility level.

7. EMPHASIS AREAS

The major emphasis areas in this activity will be in training more health care workers to meet the demands of the improved PMTCT uptake. Minor emphasis will include infrastructure renovations at targeted health facilities as needed to provide appropriate client privacy and confidentiality. Supportive supervision, quality assurance, and strategic information planning will also be provided to improve PMTCT service delivery quality.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6959

Related Activity: 14895, 14896, 14898, 14899

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20586	4251.20586. 09	Department of Defense	Henry M. Jackson Foundation Medical Research International, Inc.	9086	1244.09	Kenya Department of Defense	\$100,000
6959	4251.07	Department of Defense	Kenya Medical Research Institute	4248	1244.07	Kenya Department of Defense	\$75,000
4251	4251.06	Department of Defense	Kenya Medical Research Institute	3262	1244.06	Kenya Department of Defense	\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14895	4252.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$100,000
14896	4253.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$200,000
14898	4249.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$120,000
14899	4250.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$1,150,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	20	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	5,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	300	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	60	False

Indirect Targets

Target Populations

General population			
Children (under 5)			
Boys			
Children (under 5)			
Girls			
Ages 15-24			
Men			
Ages 15-24			
Women			
Adults (25 and over)			
Men			
Adults (25 and over)			
Women			
Special populations			
Most at risk populations			
Military Populations			
Other			
Prognant woman			

Pregnant women

Civilian Populations (only if the activity is DOD)

Coverage Areas		
Central		
Coast		
Eastern		
Nairobi		
Rift Valley		

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3476.08 Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 4804.08

Activity System ID: 14902

Mechanism: South Rift Valley USG Agency: Department of Defense Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01 Planned Funds: \$2,021,145

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO GEOGRAPHIC COVERAGE, TARGETS AND BUDGETS.

Geographic coverage has been expanded to include Kisumu West district in Nyanza province. DNA Polymerase Chain Reaction for HIV testing for early infant diagnosis will be supported for all facilities implementing PMTCT services in the Rift Valley through the Walter Reed Project research laboratory.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6968), HIV/AIDS Treatment: ARV services (#6973), Palliative Care: TB/HIV (#6975), Palliative Care: Basic Health Care and Support (#6922) and APHIA II Rift Valley

2. ACTIVITY DESCRIPTION

Since August 2001, the Kenya Medical Research Institute /Department of Defense (KEMRI/DOD) had been implementing a Prevention of Mother-to-Child Transmission of HIV infection (PMTCT) program in the Kericho District of the South Rift Valley Province. With Emergency Plan (EP) support, KEMRI/DOD has scaled-up PMTCT services in 5 other districts of south Rift Valley Province (SRV) and expects to scale up to Kisumu West District in Nyanza province. The number of PMTCT sites has increased from three to over 170 and as a result 130,520 pregnant women have received PMTCT Counseling and Testing (CT). In the period Between October 2006 and March 2007, 25,200 pregnant women presented for their first antenatal visit, of which 99% received their HIV test results. Among them, 1,137 women were diagnosed as HIVinfected of which 80% and 67% of them and their HIV exposed infants received ARV prophylaxis respectively. Male involvement has been encouraged through the development of Saturday male clinics in some health facilities in the region. Though the program has been successful, due to inadequate numbers of trained health workers, limited working space, poor infrastructure, weak logistics supply chain management, inadequate management, as well as fear of stigma and discrimination in the communities continues to limit the full utilization of PMTCT services and further access to care and treatment by the HIVinfected women and family members. Low levels of male involvement, lack of appropriate infant feeding options, and limited access to family planning information and services are further barriers. The SRV Province has 250 health facilities and fewer than 175 are currently providing PMTCT services. In 2008. KEMRI-SRV will continue to work with Provincial and District Ministry of Health (MOH) Health Management Teams (HMT) to address these barriers in an effort to scale up PMTCT services from the expected 180 health facilities at the end of FY 2007 to 200 in the six districts of south Rift Valley Province and 1 district in Nyanza Province in FY 2008. The coordination with Government of Kenya in the implementation of this activity will ensure sustainability and quality of the services. CT services will be provided to 96,038 (about 94% of all pregnant women) women during the antenatal, intra-partum, and immediate postpartum period. 4760 HIV-infected mothers and 4,115 of their babies will receive ARV prophylaxis. The prophylaxis will include AZT to 50% of the HIV infected women in WHO stage 1, 2 and 3 (if CD4 is greater than 350 in the later) from 28 weeks gestation and their exposed infants after birth. Women in WHO stage 3 (if CD4 is less than 350) and 4 will be initiated on HAART. A total of 300 health workers will be trained to address the shortage of skilled human resources. In addition, technical assistance will be provided by 4 additional locally employed staff. CT within the PMTCT program area will be extended to male sexual partners of the pregnant women, their young children, the Child Welfare Clinic, and Family Planning (FP) clients. Presumptive Malaria Treatment, provision of mosquito nets and cotrimoxazole prophylaxis to both mother and infants will be supported. Dry Blood Spots (DBS) will be used for rapid HIV antibody testing quality assurance and control and for Polymerase Chain Reaction (PCR) testing of the HIV exposed or infected children. HIV-infected women will be screened for comprehensive HIV care and treatment eligibility. Followup and referral as appropriate of the HIV-infected women, their HIV exposed children, and their sexual partners will be supported. Counseling regarding infant feeding practices will be provided. Family planning services will be supported through appropriate training and supervision. The KEMRI/WRP Clinical Research Center laboratory in Kericho will provide HIV PCR diagnostic testing services to the whole of Rift Valley province.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This KEMRI/WRP activity will contribute to approximately 8.4 % of the total, direct PMTCT Emergency Plan targets of 1,200,000 pregnant women offered CT in FY 2008. This will also support government efforts of ensuring that at least 80% of pregnant women have access to PMTCT services by the end of 2008 with a 50% reduction in pediatric HIV infections. Planned activities will improve equity in access to HIV prevention and care and treatment services since the currently underserved rural communities will have better access. KEMRI will work to ensure the availability of networks and linkages among medical sites where AIDS care and treatment are provided for both adults and children.

4. LINKS TO OTHER ACTIVITIES

The PMTCT activities will relate to the following KEMRI-SRV comprehensive approach to HIV/AIDS care and treatment: Palliative Care: Basic Health Care and Support (#6922), CT (#6968), Treatment: ARV services (#6973), and TB/HIV (#6975). This activity will be linked directly to Treatment: ARV for those women who screen HIV positive during the PMTCT process and CT will be conducted on male partners and children of women in the PMTCT clinics. The women will also be screened for TB as a direct link with TB/HIV services. Linkages between PMTCT service and care outlets will be strengthened to improve utilization of care opportunities created through PEPFAR funding.

5. POPULATIONS BEING TARGETED.

This activity targets adults of reproductive age, pregnant women, family planning clients, infants, and People Living With HIV/AIDS (PLWHA) including HIV-positive pregnant women. Strategies to improve quality of services will target MOH staff, doctors, nurses, midwives, and other health care workers such as clinical officers and public health officers in both public and faith based facilities as well as the local communities through training, Support Supervision, and Health Education.

6. KEY LEGISLATIVE ISSUES ADDRESSED.

This activity will increase gender equity in programming through PMTCT services targeted towards pregnant women and their spouses. Women bear a high HIV burden through not only primary infection but also as caregivers and impact of stigma and discrimination. Identifying these women through PMTCT will provide an opportunity to access care for themselves, their spouses, and their infants – all targeting improved pregnancy outcomes. Increased availability of PMTCT and PMTCT+ services will increase access

Activity Narrative: and help reduce stigma at community and facility levels. Men will be encouraged to come for CT services and male PMTCT clinics will be expanded. Psychosocial Support Groups, Mothers to Mothers To Be and Peer Counseling will be encouraged to improve on PMTCT uptake and to also reduce fear of stigma and discrimination.

7. EMPHASIS AREAS

The major emphasis area in this activity is training health care workers and facilitating early infant diagnosis. Minor emphasis will be placed on infrastructure, development of networks/linkages and referral systems, quality assurance, quality improvement and supportive supervision.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6967

Related Activity: 14904, 14905, 14907, 14908

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20777	4804.20777. 09	Department of Defense	Henry M. Jackson Foundation Medical Research International, Inc.	9130	3476.09	South Rift Valley	\$1,837,590
6967	4804.07	Department of Defense	Kenya Medical Research Institute	4249	3476.07	South Rift Valley	\$1,141,540
4804	4804.06	Department of Defense	Kenya Medical Research Institute	3476	3476.06	South Rift Valley	\$550,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14904	6922.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,050,000
14905	6975.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,200,000
14907	4828.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,280,000
14908	6973.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$7,170,714

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Family Planning
- * Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	200	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	96,038	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	4,760	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	300	False

Indirect Targets

Target Populations	
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General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
Pregnant women	
People Living with HIV / AIDS	

Coverage Areas Rift Valley Nyanza

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3465.08 Prime Partner: National AIDS & STD Control Program

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 4225.08

Activity System ID: 14930

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01

Planned Funds: \$550,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: Basic Health Care and Support (#7005), HIV/AIDS Treatment: ARV Services (#7004), Prevention of Mother-to-Child Transmission (#6925) and Strategic Information (#7002).

2. ACTIVITY DESCRIPTION

The Ministry of Health's National AIDS and STI Control Program (NASCOP) will continue to provide leadership and coordination to the national PMTCT program towards the goal of universal access to comprehensive integrated PMTCT services. In collaboration with the MOH's Division of Reproductive Health and Medical Training College (MTC), NASCOP will strengthen its stewardship, regulatory and supervisory functions and quality assurance to ensure delivery of high quality comprehensive integrated PMTCT services that reflect current scientifically proven interventions and in accordance to the National Comprehensive PMTCT guidelines. NASCOP will guide establishment of systems and mechanisms for stronger linkages and coordination between PMTCT and other HIV treatment and care programs to ensure comprehensive care and support to the HIV-positive woman, infant and family members within maternal and child health care settings. In FY 2008, this activity will continue with strengthening of the stewardship function of NASCOP by improving coordination across MOH programs supporting MCH services at the national provincial and district levels with decentralization to the district level. NASCOP, through the Technical Working Group (TWG), will provide the framework and guidance for the national roll out of comprehensive integrated PMTCT services in addressing all the four PMTCT prongs including provision of FP services within PMTCT programs and couple counseling and testing. NASCOP will facilitate the functioning of the Provincial PMTCT TWGs that will work at district level to enhance active community participation, coordinate various partner activities, review district micro plans and use program data for improving specific regional performance. Other significant activities include developing models to ensure improved access to HAART for eligible mothers either within the MCH setting or through linkage with existing ART programs. Additionally, the program will continue working at strengthening the referral systems for the continuum of care for successful referral of mothers to antiretroviral therapy centers and early infant diagnosis and referral to appropriate care to enhance maternal and child survival. This program will also adopt a training package for the training of community groups to provide HIV prevention, treatment, care and support services at the community level.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

NASCOP has the mandate to provide leadership and policy guidance, direction and support for national PMTCT efforts. The NASCOP PMTCT activities will significantly contribute to PEPFAR goals for primary prevention of HIV and identifying and referring HIV-positive individuals to treatment and care by providing the national framework for strategic comprehensive to PMTCT programming including strengthening couple counseling and Testing and Family Planning services within the PMTCT program. Strong and effective linkages between PMTCT and other HIV care programs and Reproductive services at national level will significantly improve access to ART including pediatric HIV care and treatment services at facility level, improved access to FP services and prevention for discordant couples thereby ensuring comprehensive HIV services in PMTCT sites. With Emergency Plan funds, NASCOP led the national process in adapting the WHO/CDC generic curriculum into the Kenya National PMTCT Training Curriculum. In FY 2008, NASCOP will continue to provide national direction for staff capacity building to strengthen PMTCT service delivery. NASCOP will also continue to improve PMTCT management information system in order to develop a dynamic data flow system to inform national gaps, coverage rates, and program uptake and monitor national targets. NASCOP will continue to support the development and roll out of the national training plan based on identified needs, maintain a national data base on service providers trained with details of cadre of staff trained, training type, duration of training etc that will be used to inform the nation on staffing needs. NASCOP will work with DRH and MTC to support integration of pre-service and in-service training and supervision of PMTCT services within other maternal, child health and family planning supervisory structures at the district levels. In '08, the program will also develop and roll out "on the job training" strategy for service providers, and support the production of a bi-annual technical news letter to the field.

4. LINKS TO OTHER ACTIVITIES

This activity relates to the following: NASCOP ART (#7004), NASCOP SI (#7002), and PMTCT JHPIEGO DRH (#6925). This activity is most immediately linked to palliative care (#7005) and HIV/AIDS treatment/ARV services through the provision of ongoing care to the HIV+ woman in the antenatal and post natal settings, care of the HIV exposed infant in the post natal period and referral to the ART sites for women and infants. In collaboration with the DRH, this activity will strengthen support supervision efforts for integrated comprehensive PMTCT service delivery including improved data management and utilization at facility level.

5. POPULATIONS BEING TARGETED

This activity targets pregnant adolescent pregnant women aged 15-24 year and their partners, adults, discordant couples, people living with HIV/AIDS, and pregnant women.

6. EMPHASIS AREAS/ KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in HIV/AIDS programs through providing national policy guidelines and operational guidelines for the provision of PMTCT of HIV services to pregnant women and their partners. Other emphasis areas include providing guidance and direction in training of service providers in both pre service and in service settings, and working with other Ministry of Health departments to strengthen integration of service delivery that will contribute to achieving delivery of comprehensive PMTCT care package at all ANC and Maternity facilities through wrap around programming. This includes programs such as Family Planning, Malaria (PMI), and TB programs.

Continuing Activity: 7006

Related Activity: 14857, 14934, 14937, 14939

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20216	4225.20216. 09	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	8994	3465.09		\$300,000
7006	4225.07	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	4266	3465.07		\$300,000
4225	4225.06	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	3465	3465.06		\$437,500

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14857	4811.08	6959	3478.08	ACCESS	JHPIEGO	\$300,000
14934	4224.08	6981	3465.08		National AIDS & STD Control Program	\$500,000
14937	4223.08	6981	3465.08		National AIDS & STD Control Program	\$1,600,000
14939	4221.08	6981	3465.08		National AIDS & STD Control Program	\$2,000,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
 1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards 	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Indirect Targets

Target	Popul	lations
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General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 296.08

Prime Partner: Network of AIDS Researchers in East and Southern Africa Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 4146.08

Activity System ID: 14944

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01

Planned Funds: \$2,000,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP include rationalization in geographical coverage and scope to include additional districts of Kisii and Gucha within Nyanza Province. Also, NARESA is moving out of Kitui District and consolidating its activities in Makueni District among other districts previously covered. This is to improve efficiency by not spreading the partner too thin in geographic coverage as well as allowing for more in-depth coverage of selected site. NARESA will also strengthen access to HIV counseling and testing for family members of HIV infected women.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HIV/AIDS Treatment: ARV services (#8774, #6945, #8983, #8792, #8797, #6866, #6867 and #8765).

2. ACTIVITY DESCRIPTION

The Network of AIDS Researchers in Eastern and Southern Africa (NARESA) was among the first organizations to partner with the Ministry of Health and pilot PMTCT services in Kenya. With Emergency plan funding, NARESA has been supporting implementation of PMTCT services in health facilities in the 12 districts of Bondo, Rachuonyo and Homa Bay in Nyanza Province; Nyeri, Muranga, Maragua, Kiambu and Kirinyaga in Central Province; Kitui and Mwingi in Eastern Province; Kajiado in Rift Valley Province and Kilifi District Hospital in Coast Province. ANC HIV prevalence ranges from 4% in Kirinyaga district to 28% in Bondo district. Following rationalization of geographic coverage of PMTCT services in the country in 2007, NARESA was mandated to support implementation of PMTCT services in the districts of Kisii and Gucha. Consequently, NARESA supported implementation of services in a total of 420 sites. In 2008, NARESA will continue supporting implementation of services in the Nyanza and Central region covering 350 health facilities with the aim of providing comprehensive HIV care to all the HIV + pregnant women and their infants and families. A total of 450 service providers will be trained on PMTCT service delivery including integration of Family planning services within PMTCT settings. The program will provide HIV counseling and testing to 151,088 pregnant women and will support WHO clinical staging for all HIV positive pregnant women in order to identify the appropriate PMTCT ARV intervention. A total of 15,826 HIV positive women will receive ARV prophylaxis; 3,165 of these women will receive HAART; 7,913 will receive both single dose Nevirapine (sd NVP) and AZT, while 4,748 will receive only sd NVP. The program will provide ARV post exposure prophylaxis to 15,856 HIV exposed infants. The ongoing follow-up clinics for HIV positive women and their infants in all the district hospitals will be strengthened through the provision of a defined package of care for both mother and infant. For the mother, the care components include counseling on appropriate infant feeding practices, linkage to family planning services, and linkage to HIV care and treatment. The care package for the infant includes administration of Cotrimoxazole to 9,514 HIV exposed infants starting six weeks and DBS for PCR-HIV for Early infant diagnosis and will target 7,928 infants with this intervention. The program will strengthen strategies to provide pediatric HIV treatment through collaboration with the HIV/AIDS treatment/ARV services and/or provision of ART within the MCH. Additional strategies include provision of HIV counseling to sick children attending pediatric outpatient clinics and pediatric inpatient wards. Other program activities include increasing access to HIV testing to family members of HIV infected women through facility and home based Provider Initiated Counseling and Testing (PITC), improved access to FP services for the HIV + women (includes adolescents aged 15-24 years) and couple counseling to address primary HIV prevention in PMTCT setting. The project will continue to consolidate other continuing strategies for program uptake including using PLWA as peer counselors, providing joint monthly supervision with MOH staff, supporting continuing education for MOH staff and supporting the collection and use of data at both facility and national levels.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT activities in these districts will significantly contribute to PEPFAR goals for primary prevention and care by contributing 13 % of 2008 overall Emergency Plan CT PMTCT targets for Kenya and 17% of the ARV PMTCT prophylaxis. This activity contributes to Kenya's Five-Year strategy of encouraging women, their partners to know their HIV status and availing services to avert HIV infections among infants. It also contributes to improved networks for pediatric ART.

4. LINKS TO OTHER ACTIVITIES

This activity relates to KEMRI ARV Services in Nyanza (#6945), APHIA II ARV services in Nyanza (#8774); CDC TBD (#8983) and APHIA II Eastern ARV services in Eastern Province (#8792); APHIA II ARV services in Rift Valley (#8797); and Columbia University ARV services in Central Province (#6866 and #6867). This activity is most immediately linked to Palliative Care and HIV/AIDS treatment/ARV services through the provision of ongoing care to the HIV+ woman in the ante-natal and post natal settings, care of the HIV exposed and infected infant in the post natal period and appropriate referral to Pediatric HIV Care services.

5. POPULATIONS BEING TARGETED

This activity targets children (under 5 years); adolescents aged 15-24 years, adults, people living with HIV/AIDS, and pregnant women.

6. KEY LEGISLATIVE ISSUES ADDRESSED/ EMPHASIS AREAS

This activity will increase gender equity in HIV/AIDS programs through providing PMTCT of HIV services to pregnant women and their partners; in-service training to build staff capacity, and wrap around program to improve the health outcome of women accessing PMTCT services. The wrap around activities include improved access to Family Planning services through staff training and support supervision, increased access to malaria prevention and treatment services at the facility and community levels through the provision of focused antenatal care and community mobilization, and safe mother hood through the provision of focused antenatal care services .

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7013

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20214	4146.20214. 09	HHS/Centers for Disease Control & Prevention	Network of AIDS Researchers in East and Southern Africa	8992	296.09		\$1,450,000
7013	4146.07	HHS/Centers for Disease Control & Prevention	Network of AIDS Researchers in East and Southern Africa	4269	296.07		\$1,780,000
4146	4146.06	HHS/Centers for Disease Control & Prevention	Network of AIDS Researchers in East and Southern Africa	3223	296.06		\$600,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14785	8774.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$3,050,000
14868	8792.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,700,000
14759	4272.08	6940	3672.08		Columbia University Mailman School of Public Health	\$4,100,000
14882	4091.08	6964	210.08		Kenya Medical Research Institute	\$2,879,695

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	350	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	151,088	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	15,856	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	450	False

Indirect Targets

Target Populations	
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General population
Children (under 5)
Boys
Children (under 5)
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Pregnant women
People Living with HIV / AIDS

Coverage Areas		
Central		
Nyanza		

ivities by Funding Mechans	im		
Mechanism ID:	4924.08	Mechanism:	N/A
Prime Partner:	Partnership for Supply Chain Management	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)	Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	МТСТ	Program Area Code:	01
Activity ID:	8757.08	Planned Funds:	\$454,417
Activity System ID:	14950		
Activity Narrative:	THIS IS AN ONGOING ACTIVITY. THE NAP REFERENCES TO TARGETS AND BUDGE		EXCEPT FOR UPDATED
	1. LIST OF RELATED ACTIVITIES This activity relates to SCMS activities in othe Treatment: ARV Services (#8854), Counselir (#6997), (#6989), (#6969), and Palliative Car	ng and Testing (#8783), HIV	
	 ACTIVITY DESCRIPTION The Partnership for Supply Chain Manageme service delivery activities through provision o Commodities will come through a regional wa RDC), significantly decreasing the lead time enter into existing supply chain management KEMSA, and in some cases, "buffer" stocks there is national shortage. The project will rea- country partners. This activity will also liaise such as MEDS and KEMSA, by working tran- procure commodities with a focus on results are the required maintenance, inputs and up 12-month period, SCMS will procure 500,000 Counseling and testing programs within PMT (EID) worth \$300,000. 2008 funds will be use children presenting in MCH clinics. This will f pregnant women and their families on tripple for children identified through provider initiate pediatric out-patient clinics to increase the nu HIV positive through early infant diagnosis w treatment. CONTRIBUTIONS TO OVERALL PROGR This program will contribute to counseling and 	f an uninterrupted supply of arehouse established in Ker in procurement. From the re- systems, including the nati- to ensure that PEPFAR site ceive forecasting and quant and strengthen local procu- sparently and collaborativel – ensuring not only that the grades so that the target nu 0 Government of Kenya (GC CT, CD4 reagents and con- ed to purchase CD4 tests fo- nelp address any gaps expe- therapy. The CD4 tests will ad counseling and testing in umber of children on care ar ill also require more laborate CAM AREA	HIV/AIDS- related commodities. bya (Regional Distribution Center- egional warehouse, supplies will onal distribution system, run by s have adequate commodities when ification information from existing in rement and distribution partners y with them. SCMS will be asked to product is delivered, but that there mber of tests are achieved. In this bK)-approved test kits for sumables for Early Infant Diagnosis r HIV positive pregnant women and rienced in putting HIV positive also be used in improving services MCH clinics, pediatric wards and hot follow up. Infants identified as bry work up to put them on care and
	 A. LINKS TO OTHER ACTIVITIES This activity relates to all service delivery act EID through PCR, as well as the RPM+/MSH support, and forecasting and quantification (# information management and distribution sys HLAB (#8763), and HTXS (#8854). It also lin 5. POPULATIONS BEING TARGETED The target populations for this activity are pre- will also target families of the HIV+ pregnant 6. KEY LEGISLATIVE ISSUES: 	cation of infants requiring ex ivities offering counseling an activity in logistics informat #6989), in ARV Drugs (#699 stems, (#6969); and SCMC ks to the SCMS activity in P egnant women in the genera	arly treatment within the program. Ind testing to pregnant women and ion management, distribution 7); KEMSA logistics and procurements in HVCT, (#8783), alliative Care: TB/HIV (#8754).
	Through the SCMS, procured commodities w programming and improve service delivery to		

7. EMPHASIS AREAS The major area of emphasis for this activity is commodity procurement.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8757

Related Activity: 14954

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20197	8757.20197. 09	U.S. Agency for International Development	Partnership for Supply Chain Management	8987	4924.09		\$416,855
8757	8757.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4924	4924.07		\$800,233

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14954	8763.08	6985	4924.08		Partnership for Supply Chain Management	\$12,420,000

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Indirect Targets

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Pregnant women
Discordant Couples
People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 292.08 Prime Partner: Pathfinder International Funding Source: GHCS (State) Budget Code: MTCT Activity ID: 4143.08 Activity System ID: 14956

N/A
HHS/Centers for Disease Control & Prevention
Prevention of Mother-to-Child Transmission (PMTCT)
01
\$1,500,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HIV/AIDS Treatment: ARV services (#7095), (#6836), (#6880), (#7094), (#6869), (#6866), (#6867), (#7100), and Palliative Care: TB/HIV (#6879).

2. ACTIVITY DESCRIPTION

In FY 2007 Pathfinder International provided support for implementation of PMTCT services in a total of 12 districts across three Provinces of Nairobi, Eastern and Central. These districts include: Nairobi (8 districts), Eastern (5 districts), and Central (1 district) provinces. The support provided includes provision of comprehensive antenatal package for all pregnant women. PFI has facilitated the establishment of over 100 support groups of PLWHAs, formed around PMTCT sites by mothers who have benefited from the program services. Referral linkages have been established to centers providing antiretroviral therapy for continuum of care for the mother, male partner and, infant. PFI will implement integrated comprehensive PMTCT service in accordance with the National Comprehensive PMTCT guidelines. Comprehensive integrated PMTCT services include, but are not limited to counseling and testing of pregnant women and their partners in antenatal clinics, delivery units and postnatal clinics using the opt-out approach, clinical staging of all HIVpositive women using WHO guidelines and use of appropriate antiretroviral regimens. Early Infant Diagnosis (EID) at six weeks via PCR on Dry Blood Spots (DBS) from all exposed infants and successful referral of HIV-positive mothers, their male partners and infected infants to antiretroviral treatment centers. In FY 2008, PFI targets counseling and testing to 143,169 pregnant women and provide antiretroviral prophylaxis to 11,158 (2,238 on HAART; 5,594 on AZT+sdNVP and 3,326 sdNVP) HIV-positive women. The target for EID using DBS at six weeks and cotrimoxazole prophylaxis to exposed infants is 6,000. The number of sites will increase from 300 to over 320. Innovative approaches will be used to increase male partner participation such as using peer approaches, work place awareness creating as well as targeting men in social settings. Pathfinder will train and update skills of 350 service providers in comprehensive HIV management for HIV-positive pregnant mothers, their infants and their families.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to 12% of the overall 2008 Emergency Plan PMTCT targets for Kenya. Community participation and male involvement will significantly contribute to PEPFAR goals for primary prevention, access to care and treatment, and support of those affected and infected. Technical assistance to the Ministry of health facilities will contribute to improvement of the quality of services. PFI will facilitate capacity building of DHMTs for improved management of health services and set up of referral networks and linkages for a continuum of care from facilities to Home-based care within the community and among various programs within the district. This activity contribute to increased awareness, demand creation and stigma reduction leading to increased utilization of services towards the goal of universal access to prevention, care and treatment services.

4. LINKS TO OTHER ACTIVITES

Linkages to HIV care and treatment services will be strengthened, to ensure immediate appropriate care for the woman and exposed infants, and family members as well and thus optimize utilization of complementary services created through Emergency Plan funding. This activity will relate to the ARV services of University of Nairobi, Department of Pediatrics (#7095), AMREF (#6836), EDARP (#6880), University of Manitoba (#7094), CHF (#6869), University of Columbia (#6866 and #6867) and University of Washington (#7100), and TB/HIV (#6879).

5. POPULATIONS BEING TARGETED

This activity targets children (under 5 years old), Adolescents of reproductive age (15-24 year), adults, people living with HIV/AIDS, and pregnant women.

6. KEY LEGISLATIVE ISSUES ADDRESSED/EMPHASIS AREAS

This activity will address gender equity in HIV/AIDS programs through improved PMTCT service delivery at ante-natal clinics and maternity units. Community health workers will conduct community mobilization activities that will help increase service uptake as well as address issues of stigma and discrimination at community level. Other emphasis areas include capacity building through supporting in-service training for providers on comprehensive PMTCT programming that addresses all the four prongs, wrap around programs for family planning, malaria and safe mother hood through the provision of comprehensive PMTCT package that addresses all these elements. The comprehensive PMTCT package includes focused antenatal care that addresses safe mother hood issues, malaria prevention through the provision of insecticide treated bed nets for the pregnant woman and intermittent presumptive treatment for malaria, and increased access to family planning with a focus on dual method for the HIV + mothers .

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7016

Related Activity: 15037, 15039, 14776, 15027

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20205	4143.20205. 09	HHS/Centers for Disease Control & Prevention	Pathfinder International	8988	292.09		\$1,500,000
7016	4143.07	HHS/Centers for Disease Control & Prevention	Pathfinder International	4271	292.07		\$850,000
4143	4143.06	HHS/Centers for Disease Control & Prevention	Pathfinder International	3221	292.06		\$800,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15037	8830.08	7020	483.08		University of Washington	\$80,000
15039	4232.08	7020	483.08		University of Washington	\$3,100,000
15027	4136.08	7013	287.08		University of Manitoba	\$800,000
14776	4130.08	6943	282.08		Eastern Deanery AIDS Relief Program	\$4,300,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	320	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	143,169	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	11,158	False
 1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards 	350	False

Indirect Targets

Target	Popu	lations
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General population
Children (under 5)
Boys
Children (under 5)
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Pregnant women
People Living with HIV / AIDS

Coverage Areas

Eastern

Nairobi

Central

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 4917.08

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 8729.08

Activity System ID: 14957

Mechanism: APHIA II - Central USG Agency: U.S. Agency for International Development Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01 Planned Funds: \$425,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS, EMPHASIS AREAS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity will relate to the ARV services (#8765), Orphans and Vulnerable Children (#9056), Palliative Care: TB/HIV (#9072), Palliative Care: Basic Health Care and Support (#8936) and Condoms and Other Prevention (#8874).

2. ACTIVITY DESCRIPTION

Pathfinder International (PI) supports facilities to provide comprehensive antenatal package for all pregnant women including screening, prevention and treatment for any infections (such as sexually transmitted infections and malaria), nutrition support, prophylactic ARVS, counseling on safe infant feeding, counseling and HIV testing of women and their partners. APHIA II Nairobi/Central will build on this work in both Nairobi and Central provinces. APHIA II Nairobi/Central will continue to support established support groups that are formed around PMTCT sites by mothers who have benefited from the project services. In addition, referral linkages will be established within facilities where APHIA II Nairobi/Central is providing antiretroviral therapy, through which HIV positive clients are assessed and put on treatment where necessary. The number of HIV positive women and children on treatment is increasing steadily through these networks. Laboratory networks will also be established that will greatly improve ART uptake as well as early infant diagnosis. In 2008, APHIA II Nairobi/Central will consolidate these activities and provide HIV counseling and testing to 47,193 pregnant women and provide antiretroviral prophylaxis to 3772 HIV-positive women. Of the positive women, 1886 will receive AZT, 754 HAART and 1132 single dose nevirapine for prophylaxis. 1886 exposed infant will receive PCR for early infant diagnosis. At the community level lay counselors will be trained to strengthen the delivery of PMTCT services and to provide continued support for the HIVpositive women and their families. The project will train community health workers to provide community components of PMTCT services. In order to improve the quality of care, 500 health supervisors will learn management skills, including utilization of data for decision making. In 2008, this project will use its experience to consolidate progress in existing facilities, expand to others within the two provinces, up to 72 facilities and continue to strengthen District Health Management Teams, and referral networks for PMTCTplus activities. Pathfinder will train 180 health workers in PMTCT and comprehensive HIV management for HIV-positive mothers and their families. Efforts will be made to increase early infant diagnosis in order to identify infants that require HIV care and treatment and offer more appropriate advice on infant feeding choices. More efficacious regimens for PMTCT will be introduced and scaled up in all the sites offering services. Linkages to FP/RH will be made as well as to laboratory services in order to offer a more comprehensive package of care. Capacity for service providers to provide couple HIV Counseling and testing within PMTCT sites will be supported with 2008 funds. Many women accessing HIV counseling and testing at PMTCT sites do not know their partner's HIV status. The program will strengthen innovative approaches to increase the number of men accessing HIV testing services, thereby enabling discordant couples to know their HIV status -an important HIV prevention strategy among couples. The program will reach at least 10,000 couples and will be implemented in Nairobi and Central Province.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to 4% of the overall 2008 Emergency Plan PMTCT targets for Kenya. Community participation and male involvement will significantly contribute to PEPFAR goals for primary prevention, access to care and treatment, and support of those affected and infected. Technical assistance to the Ministry of health facilities will contribute to improvement of the quality of services.

4. LINKS TO OTHER ACTIVITES

Linkages to HIV care and treatment services will be strengthened, to ensure immediate appropriate care for the woman and exposed infants, and family members as well and thus optimize utilization of complementary services created through Emergency Plan funding. This activity will relate to the ARV services (#8765), OVC care (#9056), TB/HIV services (#9072), HBHC (#8936) and STP services (#8874) funded under the APHIA II Nairobi/Central.

5. POPULATIONS BEING TARGETED

This activity targets adults, pregnant women, HIV-positive pregnant women, HIV affected families, and HIVpositive infants. Health care providers including Doctors, Nurses and Other Health care workers will be targeted for training on PMTCT using the national NASCOP PMTCT CDC/WHO based curriculum.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender equity in HIV/AIDS programs through improved PMTCT service delivery at ante-natal clinics and maternity units. Community health workers will conduct community mobilization activities that will help increase service uptake as well as address issues of stigma and discrimination at community level.

7. EMPHASIS AREAS

This activity includes emphasis on human capacity development through training, supportive supervision and task shifting, support to strategic information, linkage to family planning, safe motherhood, TB and nutrition programs as well as Quality Assurance, Community Mobilization/Participation and Development of Network/Linkages/Referral Systems.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8729

Related Activity: 14958, 14959, 14960, 14963, 14965, 14966, 14962

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20171	8729.20171. 09	U.S. Agency for International Development	Pathfinder International	8983	4917.09	APHIA II - Central	\$700,000
8729	8729.07	U.S. Agency for International Development	Pathfinder International	4917	4917.07	APHIA II - Central / Nairobi	\$850,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14958	8731.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$1,150,000
14959	8874.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$600,000
14962	9072.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$250,000
14963	9056.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$1,650,000
14965	8765.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$1,950,000
14966	8870.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$275,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	72	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	47,193	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	3,772	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	180	False

Indirect Targets

Target	Popul	lations
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General population
Children (under 5)
Boys
Children (under 5)
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Pregnant women
Discordant Couples
People Living with HIV / AIDS

Coverage Areas

Central

Nairobi

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 4918.08

Prime Partner: Program for Appropriate Technology in Health Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 8738.08

Activity System ID: 14992

Mechanism: APHIA II - Western USG Agency: U.S. Agency for International Development Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01 Planned Funds: \$2,300,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS

The only change in the narrative is in references to emphasis areas, and provision of mother (mama) packs to pregnant women to encourage hospital deliveries (because Western province has one of the lowest hospital delivery rates in the country).

1. LIST OF RELATED ACTIVITIES

This activity links to ARV services (#8826), palliative care (#8931), TB/HIV (#9068), (counseling and testing services (#8777), Abstinence and Be Faithful (#8994) and Condoms and other prevention activities (#8927).

2. ACTIVITY DESCRIPTION

This activity will continue the expansion of PMTCT services in public sector and faith-based health facilities in Western Provinces building on the support previously provided through USAID's AMKENI EngenderHealth, Family Health International IMPACT, the Catholic Medical Mission Board and Elizabeth Glaser Pediatric AIDS Foundation Call to Action Projects in the region. In most of the facilities across the 10 districts, counseling and testing will be provided to 133,727 pregnant women and antiretroviral prophylaxis to 10,380 HIV-positive women. Of the positive women, 5190 will receive AZT, 2076 HAART and 3114 single dose nevirapine for prophylaxis. 5190 infants will be targeted with PCR for early infant diagnosis. Service delivery will continue to incorporate best practices including the opt-out approach for testing, rapid testing and appropriate referrals for care, treatment and support. Priority will be given to the provision of integrated services, including family planning, reproductive health, maternal and child health and the management of opportunistic infections. Mama packs will be provided to pregnant women to encourage hospital deliveries. Effective referral linkages will be established to support postnatal follow up of HIV+ mothers and exposed infants including early infant diagnosis and ART. Significant changes from 2006 will include emphasis on universal counseling and testing of antenatal clients; the use of more efficacious regimens for ARV prophylaxis and the establishment of referral linkages for the provision of HIV treatment, care and support for HIV infected mothers and immediate members of the child's family. As mentioned above emphasis will also be put on early infant diagnosis, ART for infected mothers, babies and their families, male involvement and greater involvement of people living with HIV/AIDS as care givers and lay counselors. These program refinements will improve the geographic coverage for services within the districts and strengthen the service delivery networks. Emergency Plan funds will be used to increase the supported sites to at least 150 and train 300 service providers in PMTCT and in HIV stigma reduction. This activity will use the Ministry of Health's WHO/CDC-based curriculum, comply with Ministry's clinical and reporting guidelines, and participate in the MOH's Technical Working Group to ensure coordination of activities between the public and private sectors. Support to infrastructure development, procurement of medical equipment and improved data collation will enhance service provision. Facilitative supervision by the District Health Management Teams (DHMT) and innovative deployment of health workers will improve service quality. Behavior change communication (BCC) activities amongst rural community members will focus on stigma reduction, psychosocial support, promotion of antenatal care services, facility based deliveries and PMTCT services. Operations research to determine and test appropriate interventions for HIV stigma reduction among community members will be conducted.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT in this geographical area will significantly support PEPFAR goals for primary prevention and care by contributing 11% of 2007 overall Emergency Plan PMTCT targets for Kenya. Increase in number of sites contributes to the program's efforts to achieve district wide coverage for services. Support to high volume health centers and district hospitals will significantly strengthen networks for PMTCT and PMTCT plus services. Access to services and linkages to sites where medical treatment and care are provided will encourage rural women in underserved communities to attend ante natal care services. Subsequently health workers will be able to plan for post natal follow up of HIV positive women, infants and their family members. This APHIA II Western activity also contributes substantively to Kenya's 5-year strategy of encouraging pregnant women to know their status, availing services which can reduce mother-to-child infections and providing critical links to HIV/AIDS treatment as a step towards preserving the family unit. It also contributes to the strategy to integrate testing with other health services and improving the referral links among all of these services.

4. LINKS TO OTHER ACTIVITIES

These activities will link to APHIA II Western CT activities, other prevention, BHCS activities and ARV services. PMTCT services include counseling and testing which is largely diagnostic, provision of ARV prophylaxis, and appropriate referrals for the management of opportunistic infections and HIV/AIDS treatment. This activity will also conduct operations research on stigma reduction.

5. POPULATIONS BEING TARGETED

This APHIA II Western activity targets adults of reproductive health age, pregnant women, family planning clients, infants, and HIV positive pregnant women. BCC activities will involve community leaders and community based organizations to increase demand for services amongst community members. Strategies to improve quality of services will target private and public health doctors, nurses, mid wives and other health care workers such as clinical officers and public health officers in both public and faith based facilities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This APHIA II Western activity will increase gender equity in programming through partnering with women's groups in the design of community mobilization approaches. The behavior change communication (BCC) activities will promote a family approach to PMTCT to address male norms, encourage male participation and help reduce stigma and discrimination. Increased availability of services with appropriate referrals for PMTCT plus will also reduce stigma.

7. EMPHASIS AREAS

This APHIA II Western activity includes emphasis on human capacity development through training, quality assurance and supportive supervision within MOH and private facilities to manage and supervise programs. Support to strategic information will be provided as well as linkages created to family planning, safe motherhood, malaria and TB programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8738

Related Activity: 14993, 14994, 14995, 14996, 14998, 14999, 15000

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20069	8738.20069. 09	U.S. Agency for International Development	Program for Appropriate Technology in Health	8958	4918.09	APHIA II - Western	\$2,500,000
8738	8738.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	4918	4918.07	APHIA II - Western	\$1,220,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14993	8994.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$2,100,000
14994	8927.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$1,100,000
14995	8931.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$900,000
14996	9068.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$300,000
14998	8777.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$1,100,000
14999	8826.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$3,300,000
15000	8855.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$250,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	150	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	133,727	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	10,380	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	300	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Western

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3588.08

Prime Partner: Population Services International Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 4994.08

Activity System ID: 14979

Mechanism: APHIA II - Health Communication & Marketing USG Agency: U.S. Agency for International Development Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01 Planned Funds: \$200,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Being Faithful (#7052), Condoms and Other Prevention (#7051), Blood Safety (#8804), and Counseling and Testing (#7049).

2. ACTIVITY DESCRIPTION

Health Communication and Marketing (HCM) is an integrated project, focused primarily (at least 75%) on HIV/AIDS prevention care and treatment in support of other PEPFAR activities in Kenya. The purpose of the HCM award is to improve health outcomes through increased prevention and other healthy behaviors. This will be done through marketing and communications activities within the health sector. This activity will also build the sustainability of local organizations to do this work. The objectives of this activity in HIV/AIDS are to: 1) Improve the preventive behaviors of Kenyans related to HIV/AIDS, in particular increasing the percent of men and women aged 15-24 abstaining from sex, promoting fidelity, partner reduction, the correct and consistent use of condoms in high-risk sexual encounters, and the percent of men and women going for VCT and receiving their test results (the "ABC" approach). 2) Improve service utilization rates for voluntary counseling and testing (VCT), and prevention of mother to child transmission (PMTCT) of HIV. This includes increasing the percentage of pregnant women who access PMTCT services including VCT and increasing the number of Kenyans who use VCT services and receive their test results. 3) Build the capacity of local institution(s) in Kenya's commercial, non-governmental, and/or faith-based sectors by working in collaboration with them to develop and manage a cost-effective marketing, sales, and distribution network that improves availability and access by key populations to products related to HIV/AIDS; develop and manage a communications initiative to increase knowledge and change behavior of Kenyans with respect to HIV/AIDS including interpersonal communication; and develop the management and technical capacity of these organizations to manage and implement social marketing and communications programs. This program will not issue sub awards but will pay suppliers of goods and services directly.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY 2008, in PMCT, this partner will develop and disseminate communication messages/materials on prevention of mother to child activities promoting testing of pregnant women in order to protect the unborn child from HIV infection. This activity will also target People Living with HIV/AIDS (PLWHAs) and especially HIV positive couples planning to have a baby. It is anticipated to promote counseling and testing services and generate demand for PMCT services for both voluntary and provider initiated testing. They will reach over 6 million people through mass media.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in Abstinence and Being Faithful (#7052), Other Prevention (#7051), Blood Safety (#8804) and Counseling and Testing (#7049) through promotion of networking, referrals and linkages. The Health Communications and Marketing project is a national level activity that will enforce messages through mass media and interpersonal communication developed in collaboration with MOH/NASCOP PMCT committee at the national level and projects working at the regional level. Both NASCOP and these provincial projects will "feed into" the development of population-specific messages which will strengthen interventions implemented on the ground.

5. POPULATIONS BEING TARGETED

PMCT messages will primarily focus on adults both male and female, public and private health providers and NGOs and faith-based programs as well as policy makers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Messages developed will address gender norms and behavior, increased male involvement in matters considering the preservation of the family unit, and reduction of stigma and discrimination.

7. EMPHASIS AREAS

HCM is primarily a communications activity focusing on the development of information, education and communication. However, they will also mobilize communities through interpersonal communication and make linkages with other sectors for message development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7050

Related Activity: 14980, 14981, 14982, 14985

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20093	4994.20093. 09	U.S. Agency for International Development	Population Services International	8965	3588.09	APHIA II - Health Communication & Marketing	\$200,000
7050	4994.07	U.S. Agency for International Development	Population Services International	4289	3588.07	APHIA II - Health Communication & Marketing	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14980	5090.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$3,100,000
14981	8804.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$240,000
14982	5006.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$2,000,000
14985	4930.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$2,750,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 288.08 Prime Partner: University of California at San Francisco Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 8653.08

Activity System ID: 15020

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01 Planned Funds: \$550,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HIV/AIDS treatment/ARV services (#6945) and, TB/HIV (#6944). 2. ACTIVITY DESCRIPTION University of California at San Francisco (UCSF) has been supporting palliative care and treatment services in Nairobi and Nyanza provinces. The UCSF approach through its FACES program promotes family-centered care for HIV rather than individuals with HIV. This innovative approach has ensured equity and greater disclosure within families. Current PMTCT coverage is 28 out of 68 sites in Migori and 4 sites in Kisumu. UCSF will implement comprehensive integrated PMTCT services in all facilities in Migori district starting with high volume facilities offering Antenatal care, delivery and postnatal services, and will take up some private facilities in Kisumu. Community peer support groups involving People Living with HIV/AIDS (PLWA) will be formed and supported. In FY 2008, UCSF will implement integrated comprehensive PMTCT service in accordance with the National Comprehensive PMTCT guidelines. Comprehensive integrated PMTCT services include, but are not limited to counseling and testing of pregnant women and their partners in antenatal clinics, delivery units and postnatal clinics using the optout approach, clinical staging of all HIV positive women using WHO guidelines, use of appropriate antiretroviral regimens including HAART for maternal health in accordance to the National Antiretroviral therapy guidelines, use of zidovudine plus single dose nevirapine or use of single dose nevirapine for women presenting late in pregnancy, postnatal follow-up for the mother and exposed infants, initiation of cotrimoxazole prophylaxis to all exposed infants at 6 weeks, Early Infant Diagnosis (EID) at six weeks via PCR on Dry Blood Spots (DBS) from all exposed infants and successful referral of HIV-positive mothers. their male partners and infected infants to antiretroviral treatment centers. UCSF will provide counseling and testing to 20,500 pregnant women and provide antiretroviral prophylaxis for 4,722 (944 on HAART, 2361 on AZT+sdNVP and 1417 sdNVP) HIV-positive women. Early Infant Diagnosis (EID) using Dry Blood Spots (DBS) at six weeks and cotrimoxazole prophylaxis will target 2,182 HIV exposed infants. In FY 08,180 health care providers will be trained on comprehensive PMTCT, and some health workers will be trained on PITC, family planning and counseling (numbers trained depending on availability of funds). In total, UCSF will train and update skills of 180 service providers in comprehensive HIV management for HIV-positive pregnant mothers, their infants and their families.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to 1.9 % of the overall 2008 Emergency Plan PMTCT targets for Kenya. Community participation and male involvement will significantly contribute to PEPFAR goals for primary prevention, access to care and treatment, and support of those affected and infected. Technical assistance to the Ministry of health facilities will contribute to improvement of the quality of services. UCSF will facilitate capacity building of DHMTs for improved management of health services and set up of referral networks and linkages for a continuum of care from facilities to Home-based care within the community and among various programs within the district. This activity will contribute to increased awareness, demand creation and stigma reduction leading to increased utilization of services towards the goal of universal access to prevention, care and treatment services.

3. LINKS TO OTHER ACTIVITES

Linkages to HIV care and treatment services will be strengthened, to ensure immediate appropriate care for the woman and exposed infants, and family members as well and thus optimize utilization of complementary services created through Emergency Plan funding. This activity will relate to the ARV services of KEMRI. 4.

4. POPULATIONS BEING TARGETED

This activity targets children under five years, adolescents of reproductive age 15-24, adults, pregnant women and people living with HIV. Health care providers including doctors, nurses, and other health care workers will be targeted for training on PMTCT using the national NASCOP CDC/WHO based curriculum.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in HIV/AIDS programming through provision of HIV counseling and testing services of pregnant women, and improved access to other HIV care programs for the HIV infected woman, her infant and other family members. It will also reduce violence and coercion through stigma at the community level. 6. EMPHASIS AREAS This activity includes emphasis on quality assurance and supportive supervision as well as emphasis on Development of Network/Linkages/Referral Systems; Community Mobilization/Participation, wrap around programs with Food/Nutrition, PMI through distribution of insecticide treated nets at the MCH, safe motherhood through focused antenatal care, other Family planning initiatives and TB screening and referral for treatment and care

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8653

Related Activity: 14882

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20006	8653.20006. 09	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	8946	288.09		\$550,000
8653	8653.07	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	4295	288.07		\$340,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14882	4091.08	6964	210.08		Kenya Medical Research Institute	\$2,879,695

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	68	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	20,500	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	4,722	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	180	False

Indirect Targets

Target Populations

General population		
Children (under 5)		
Boys		
Children (under 5)		
Girls		
Ages 15-24		
Men		
Ages 15-24		
Women		
Adults (25 and over)		
Men		
Adults (25 and over)		
Women		
Other		
Pregnant women		
People Living with HIV / AIDS		

Coverage Areas

Nyanza

Table 3.3.01: Activ

ivities by Funding Mechans	sim		
Mechanism ID:	303.08	Mechanism:	Department of Obstetrics and Gynecology
Prime Partner:	University of Nairobi	USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	МТСТ	Program Area Code:	01
Activity ID:	4147.08	Planned Funds:	\$1,100,000
Activity System ID:	15033		
Activity Narrative:	THIS IS AN ONGOING ACTIVITY. THE NAP REFERENCES TO TARGETS AND BUDGE		EXCEPT FOR UPDATED
	The only change to the program since appro- include Kisumu East and Nyando Districts.	oval in the 2007 COP is an e	xpansion in geographic coverage to
	1. LIST OF RELATED ACTIVITIES ARV services (#7095)		
	2. ACTIVITY DESCRIPTION UON, Department of Obstetrics and Gyneco PMTCT services in Kenyatta National Hospi largest maternity units in the country and has for all women accessing services here. Foldo ensure efficient resource utilization, there has to include support to implementation of PMT Province. In FY 2008, the program will conti and testing to 43,070 pregnant women provi these HIV positive women 1,452 will be prov 3,631 will receive more efficacious ARV regi Nevirapine . The program will strengthen con strengthening the linkage between PMTCT a HIV infection diagnosis by use of Polymeras infants to the pediatric ART program. The pr support identified facilities to initiate this stra testing shall also be strengthened with a targ the maternity units within the program area. delivery units do not know their HIV status. T identify discordant and concordant couples t and treatment program for the eligible. The p PMTCT, Rationale use of ARVs, and Data c building mandate of the UoN, the program in platform for regular review of PMTCT resear	tal (KNH) and Pumwani Mat s successfully integrated the wing the country's rationaliz is been an expansion in the CT services in Kisumu East inue to support these activiti de ARV prophylaxis to 7,262 rided with Highly Active Antii mens, while 2,179 will recein mprehensive PMTCT includ and HIV care services, the p e Chain Reaction (PCR) for ogram shall strengthen the tegy. Intra-partum and imme get of reaching 80% of all wo Currently over 50% pregnar The program will also promo to improve primary prevention orogram will support the train ollection and reporting in 70 n collaboration with NASCOF the to inform and guide nation	ernity Hospital (PMH), the two ess services as part of routine care lation of geographical coverage to program's geographical coverage and Nyando districts in Nyanza es and will provide HIV counseling 2 HIV positive pregnant women. Of retroviral Treatment (HAART) and ve the minimum intervention of sd ing couple counseling. In rogram shall support early infant 3,631 infants and link all eligible post natal HIV care clinic and shall ediate post partum counseling and omen attending delivery services at at women admitted in the labor and te couple counseling and testing to in and facilitate linkage to HIV care ning of 300 service providers on facilities. In line with the capacity P and DRH will facilitate a structured
	3. CONTRIBUTIONS TO OVERALL PROGE PMTCT activities in these two high volume in will contribute to approximately 4% of 2008 of Strengthening HIV counseling and testing of number of HIV-positive women accessing H to more men knowing their HIV status and th services. This activity also contributes to exp	ational referral facilities and overall Emergency plan PM ^T women during labor and ar IV care services. Couple con nose who are positive will be	ICT targets for Kenya. ound delivery will increase the unseling and testing will contribute able to access other HIV care

4. LINKS TO OTHER ACTIVITES

This activity relates to ART program (#7095). All HIV-positive mothers, their infants and partners who are eligible for treatment will be referred to the HIV/AIDS treatment and care services

5. POPULATIONS BEINGTARGETED

This activity targets Children under 5 years, adolescents aged 15-24 years, adults, discordant couples, people living with HIV/AIDS and pregnant women.

6. EMPHASIS AREAS/ KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in HIV/AIDS programs through providing PMTCT services to pregnant women and their partners. Other emphasis areas include capacity building through supporting inservice training for providers on comprehensive PMTCT programming that addresses all the four prongs, wrap around programs for family planning, malaria and safe motherhood through the provision of comprehensive PMTCT package that addresses all these elements. The comprehensive PMTCT package includes focused antenatal care that addresses safe mother hood issues, malaria prevention through the provision of insecticide treated bed nets for the pregnant woman and intermittent presumptive treatment for malaria, and increased access to family planning with a focus on dual method for the HIV + mothers .

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7097

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19983	4147.19983. 09	HHS/Centers for Disease Control & Prevention	University of Nairobi	8940	303.09	Department of Obstetrics and Gynecology	\$1,160,000
7097	4147.07	HHS/Centers for Disease Control & Prevention	University of Nairobi	4299	303.07	Department of Obstetrics and Gynecology	\$1,665,082
4147	4147.06	HHS/Centers for Disease Control & Prevention	University of Nairobi	3224	303.06	Department of Obstetrics and Gynecology	\$600,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- Human Capacity Development
- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	70	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	43,270	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	7,262	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	300	False

Target Populations

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
Pregnant women	
Discordant Couples	
People Living with HIV / AIDS	

Coverage Areas			
Nairobi			
Nyanza			

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 1501.08 Prime Partner: US Centers for Disease Control and Prevention Funding Source: GAP

Budget Code: MTCT

Activity ID: 4301.08

Activity System ID: 15048

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01 Planned Funds: \$437,700

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED, BUT THIS YEAR'S CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHAI.

1. LIST OF RELATED ACTIVITIES This activity relates to all activities in PMTCT.

2. ACTIVITY DESCRIPTION

The CDC PMTCT program has continued to support the up scaling of PMTCT services in the country by providing technical support and guidance to the national program. Key areas of program focus include the introduction of Comprehensive PMTCT that encompass a package of care to ensure that the HIV-positive pregnant mother, her infant and family receive the full range of HIV care and treatment services as well as linkage to Family Planning services. The approach also includes a strong emphasis on primary preventionproviding skills to the mother who is HIV- to protect herself and her family from HIV infection. In FY 2008, the CDC PMTCT section will continue supporting these activities under the expanded or comprehensive PMTCT package that includes the following key components: expansion in geographic coverage in all CDC supported sites to ensure universal access to services; Integration of counseling and HIV testing of women in the antenatal clinics and maternity units; Clinical staging of all HIV-positive pregnant women to identify the appropriate PMTCT ARV intervention in line with National guidelines (this includes use of HAART where eligible, or use of combination AZT and sd Nevirapine for early presenters, or use of sd Nevirapine); Administration of the appropriate PMTCT ARV as well as OI prophylaxis for all HIV-positive pregnant women; Early Infant HIV diagnosis for all HIV exposed infants through DNA Polymerase Chain Reaction (PCR) testing; Linkage of eligible infants to pediatric HIV care and treatment services; strengthened postnatal care package; Linkage to family planning services and counseling and testing services for the woman's partner and other family members. This will lead to more women and their partners and infants knowing their HIV status and hence accessing ART, thereby increasing the number of people on ARVs. All these activities will contribute to the Emergency Plan in Kenya goals of HIV prevention and treatment. During FY 2008 CDC will continue to work with government of Kenya agencies and non-governmental partners to support implementation of these services in the country. CDC Kenva's multi-disciplinary PMTCT team will continue to provide technical guidance that includes the development and review of guidelines, operational procedures and manuals, educational materials and teaching modules for implementing comprehensive PMTCT programs in Kenya. CDC Kenya staff work with local partners to ensure activities are based on the latest relevant science and that scientific knowledge is translated into program guidelines and practices both at national policy and service delivery levels. In collaboration with other partners, CDC staff conducts monitoring and evaluation activities including operational research for the PMTCT program. and ensure that information generated informs national PMTCT policy and practice. CDC Kenya staff also support PMTCT activities at multiple service delivery sites to conform to national guidelines and technical strategies concerning all aspects of PMTCT including models of HIV testing in the antenatal and maternity units, provision of ARVs for prophylaxis and treatment, care and support of the HIV+ woman, her infant and partner and Early Infant diagnosis for HIV exposed infants and linkage to treatment and care for all eligible infants. The CDC Kenya PMTCT technical team includes six professional staff, one program assistant and three support staff. The technical staff includes one senior technical advisor working 80% of the time; this staff member, an Associate Professor of Pediatrics has extensive national and international experience in clinical and programmatic HIV research including PMTCT, and works directly with the government of Kenya and other partners to ensure the technical soundness of the program. Other technical staff include two medical doctors with experience and expertise in Pediatrics, and Obstetrics and Gynecology respectively, who work directly with programs to ensure technical and up-to-date interventions, in particular the care of the HIV+ woman and pediatric HIV care; two program managers with nursing and public health experience who work directly with the sites in 34 districts to provide guidance on both technical and effective program management approaches at the service delivery sites, a behavioral scientist and a program assistant. The program assistant is engaged in a variety of tasks to provide logistics support to the team. The team is supported by three drivers, who enable the technical staff to conduct regular field visits and technical supervision. This budget includes costs for contractual services, printing of the curriculum and other postheld account funds.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7107

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19943	4301.19943. 09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8926	1501.09		\$429,709
7107	4301.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4303	1501.07		\$574,054
4301	4301.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3292	1501.06		\$470,000

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Indirect Targets

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 348.08 Prime Partner: Community Housing Foundation Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 15984.08

Activity System ID: 15984

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01 Planned Funds: \$300,000

Activity Narrative: 1. ACTIVITY DESCRIPTION

Community Housing Foundation will support the Kenya Food and Nutrition Network (KEFAN) to build the organizational and technical capacity of health care providers and community health workers to support counseling on infant and young child nutrition, and to build support groups of HIV positive mothers to strengthen exclusive breastfeeding as an important strategy in PMTCT. KEFAN will train 120 health care providers (HCP) in lactation management and infant and young child nutrition, and will form support groups from mothers who are HIV positive who have passed through a PMTCT program and have already disclosed their status. Such identified mothers will provide support both at facility and community levels. IEC materials on infant and young child feeding will be developed/adopted and used to pass the correct information on to both health workers and the mothers concerning appropriate feeding options from birth, at 6 weeks when early infant diagnosis is done, and at 6 months when weaning starts. This project will be piloted first in 2 districts, Nyando and Kisumu. The key activities of KEFAN will be to develop the organizational and technical capacity of local HCP to provide nutrition guidance and counseling and supportive supervision and mother support groups to provide actual support on how to operationalize exclusive breastfeeding for 6 months, and to demonstrate correct infant attachment and positioning during breastfeeding. Funds granted through CHF will be used to provide a standard package including training of HCP and some incentives for mothers used in the support groups both at facility level and the community level. All mothers testing HIV positive who do not meet AFASS criteria will be encouraged to do exclusive breastfeeding for 6 months, in line with the WHO latest consensus statement. This activity will be critical especially following early infant diagnosis at 6 weeks or first contact where currently there is confusion on the correct information to give when a child of a positive mother tests negative. Nutrition guidelines will be used to pass the right information. Capacity building activities will include both strengthening of administrative operations and strengthening community linkages and technical capacity. Documentation of how many mothers practiced exclusive breastfeeding for 6 months will be encouraged.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the establishment of nutrition/ exclusive breastfeeding support groups for mothers with HIV, strengthened human resource capacity to deliver infant and young child nutrition counseling and strengthened mother to mother breastfeeding support groups. This partner has a key role in building the organizational and technical capacity of local organizations so that these activities can be sustained over the long term.

3. LINKS TO OTHER ACTIVITIES

In addition to building the capacity of HCP and communities in the pilot districts, an important aspect of the KEFAN's activities is to support development of community linkages and support groups for sustainability of the program.

4. POPULATIONS BEING TARGETED

The primary target population is HIV- infected mothers and their exposed infants, including HIV-infected children. KEFAN will reach out to mothers testing positive in the antenatal or postnatal period, and to infants receiving EID at 6 weeks or first contact, and at 6 months when complementary feeding starts. The activity will also target training and capacity building of health care workers, mainly doctors, clinical officers, nutritionists and nurses. The activity also aims to include community-based health care providers and mothers living positively with HIV.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through involvement of PLWAs in service provision and community sensitization activities. Stigma will be avoided by encouraging all mothers, HIV positive or negative, to practice exclusive breastfeeding for 6 months. This activity includes emphasis in the areas of local organization capacity development, development of community support networks, logistics, human resources, and supportive supervision.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting

Wraparound Programs (Other)

- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international	120	False

Target Populations

standards

General population
Children (under 5)
Boys
Children (under 5)
Girls
Ages 10-14
Girls
Ages 15-24
Women
Adults (25 and over)
Women
Other
Pregnant women
People Living with HIV / AIDS

Nyanza

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 4919.08

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 15989.08

Activity System ID: 15989

Activity Narrative: THIS IS A NEW ACTIVITY.

1. ACTIVITY DESCRIPTION

Mechanism: APHIA II - North Eastern

USG Agency: U.S. Agency for International Development Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01

Planned Funds: \$550,000

APHIA II NEP will support facilities to provide a comprehensive antenatal package for all pregnant women including screening, prevention and treatment for any infections (such as sexually transmitted infections and malaria), nutrition support, prophylactic ARVs, counseling on safe infant feeding, counseling and HIV testing of women and their partners. APHIA II NEP will support established support groups that are formed around PMTCT sites by mothers who have benefited from the project services. In addition referral linkages will be established within facilities where APHIA II NEP is providing antiretroviral therapy, through which HIV positive clients are assessed and put on treatment where necessary. The number of HIV positive women and children on treatment is expected to increase steadily through these networks. Laboratory networks will also be established that will greatly improve ART uptake as well as early infant diagnosis. In 2008 APHIA II NEP will provide HIV counseling and testing to 29,407 pregnant women and provide antiretroviral prophylaxis to 879 HIV-positive women. Of these 440 will receive AZT, 264 will receive single dose nevirapine and 175 will recive HAART. 440 exposed infants will receive PCR for early infant diagnosis. At the community level lay counselors will be trained to strengthen the delivery of PMTCT services and to provide continued support for the HIV-positive women and their families. The project will train community health workers to provide community components of PMTCT services. In order to improve the quality of care, 50 health supervisors will learn management skills, including utilization of data for decision making. In 2008, this project will strengthen District Health Management Teams (particularly in 8 new newly formed districts), and referral networks for PMTCT-plus activities. The project will train 120 health workers in 60 sites in PMTCT and comprehensive HIV management for HIV-positive mothers and their families. Efforts will be made to increase early infant diagnosis in order to identify infants that require HIV care and treatment and offer more appropriate advice on infant feeding choices. More efficacious regimens for PMTCT will be introduced and scaled up in all the sites offering services. Linkages to FP/RH will be made as well as to laboratory services in order to offer a more comprehensive package of care.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute CT to 2.5% of the overall 2008 Emergency Plan PMTCT targets for Kenya. Community participation and male involvement will significantly contribute to PEPFAR goals for primary prevention, access to care and treatment, and support of those affected and infected. Technical assistance to the Ministry of health facilities will contribute to improvement of the quality of services.

3. LINKS TO OTHER ACTIVITIES

Linkages to HIV care and treatment services will be strengthened, to ensure immediate appropriate care for the woman and exposed infants, as well as other family members, thus optimizing utilization of complementary services created through Emergency Plan funding. This activity will relate to the ARV services, OVC care, TB/HIV services, HBHC and STP services funded under the APHIA II NEP.

4. POPULATIONS BEING TARGETED

This activity targets adults, pregnant women, HIV+ pregnant women, HIV affected families, and HIV+ infants with service provision. Health care providers including doctors, nurses and other health care workers will be targeted for training on PMTCT using the national NASCOP PMTCT CDC/WHO based curriculum.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender equity in HIV/AIDS programs through improved PMTCT service delivery at antenatal clinics and maternity units. Community Health workers will conduct community mobilization activities that will help increase service uptake as well as address issues of stigma and discrimination at community level. This is also hoped to help address male norms and behaviors as well as reduce violence and coercion against women. This activity includes emphasis on human capacity development through training and supportive supervision. Attention will also be paid to Quality Assurance, Community Mobilization/Participation and Development of Network/Linkages/Referral Systems. Data collection and utilization is paramount to successful program implementation and support will be given to strategic information. Linkages to safe motherhood will be created to improve outcome of interventions in that hard to reach population.

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14698, 14699, 14700, 14701, 14702, 14704, 14705

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14698	9074.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$1,000,000
14699	8937.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$450,000
14700	8867.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$500,000
14701	9066.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$150,000
14702	9067.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$1,200,000
14704	8805.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$600,000
14705	8864.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$150,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	60	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	29,407	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	879	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	120	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

North Eastern

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 4921.08

Prime Partner: United Nations High Commissioner for Refugees Mechanism: N/A

USG Agency: Department of State / Population, Refugees, and Migration Budget Code: MTCT

Activity ID: 17030.08

Activity System ID: 17030

Activity Narrative: THIS IS A NEW ACTIVITY.

1. ACTIVITY DESCRIPTION

The United Nations High Commissioner for Refugees (UNHCR) has been supporting HIV prevention and treatment programs in Dadaab Refugee Camp since 2005 with PEPFAR funds. Dadaab Camp has an estimated population of 173,409 with a 49.5 % female to male ratio. The UNHCR is responsible for the protection of and the provision of assistance to refugees in close coordination and cooperation with other agencies, namely: Government of Kenya, World Food Program, UNICEF, GTZ, CARE Kenya and the National Council of Churches of Kenya (NCCK). There are three refugee camps in Dadaab (Ifo, Dagahaley and Hagadera). These camps cover a total area of 50 square kilometers and are within an 18 km radius of Dadaab Town. Each of these camps has a health facility providing preventive and curative outpatient services as well as inpatient services. The HIV programs include HIV Testing and Counseling services (VCT and PITC), Prevention of Mother to Child Transmission of HIV (PMTCT), Condoms and Other Prevention activities, Abstinence and Being Faithful program (ABY), Home Based Care (HBC), Orphans and Vulnerable Children (OVC) and HIV Care and Treatment services. In FY 2008, UNHCR will continue to support the expansion and consolidation of PMTCT program in the 3 health facilities within the camp as well as the Dadaab Health Centre, and will provide HIV counseling and testing services to 2,000 pregnant women and provide a complete course of ARV prophylaxis to 20 HIV + pregnant women. The program will establish mechanisms for follow up and care of the HIV infected-exposed mother infant pairs through the Comprehensive PMTCT framework, as well as bh strengthening postnatal care services at facility level to include improved access to Family Planning services. The current package of care for the mother includes regular follow up, linkage to family planning services, OI prophylaxis and counseling on correct infant feeding practices; infant additional care activities include OI prophylaxis using Co-trimoxazole starting at six weeks of age, and DBS for HIV- PCR (Early Infant HIV Diagnosis-EID). The program will target 20 HIV exposed infants for DBS, and will work with the HIV/AIDS treatment program to ensure linkage to pediatric HIV care services for all eligible infants. The program will support the training of 50 service providers on PMTCT including lay counselors and Community Reproductive Health Volunteers. UNHCR will work with its three implementing partners, GTZ, National Council of Churches of Kenya (NCCK), and CARE Kenya's Emergency and Refugee Operations (ERO) in implementation of these activities. UNHCR will work in close collaboration with CDC and other USG agencies for technical guidance on all Emergency Plan program areas

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to PEPFAR goals for primary prevention and care by contributing 0.2% of overall 2008 Emergency Plan targets for Kenya in meeting the health needs of women in this special group (refugee setting).

3. LINKS TO OTHER ACTIVITIES

This activity links to UNHCR activities in HIV ART and care services (#8962) and Counseling and Testing services (#8980). The program will establish clear linkages to ensure that all HIV-positive pregnant women and HIV infected infants' access HIV care and treatment services. The program will also encourage male partner testing and will work with CT services to achieve this objective. Other related activities include Abstinence and /Be Faithful UNHCR (#9215). Persons needing care and treatment for opportunistic infections or ART care will be referred to Palliative Care: Basic Health Care and Support (#8736) and Treatment: ARV Services (#8982).

4. POPULATIONS BEING TARGETED

This activity will target children less than five years, adolescents of reproductive age, adults, people living with HIV/AIDS, pregnant women and Refugees/internally displaced persons. The refugee population especially both men and women of reproductive age are vulnerable to HIV infection and its impact due to their conflict-affected lives, disintegrated social network and rapid mobility. It will serve rural host communities of the North Eastern Kenya.

5. KEY LEGISLATIVE ISSUES ADDRESSED / EMPHASIS AREAS

The emphasis areas include increasing gender equity in HIV/AIDS programs through provision of HIV counseling and testing services to pregnant women and their partners, in-service training of service providers on PMTCT using the nationally adopted WHO/CDC NASCOP PMTCT National Training Curriculum, as well as wrap around programs in Family Planning, Malaria and Safe Motherhood activities as part of the PMTCT package of care.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15015, 15016, 16387, 15017, 15018

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15015	9235.08	7009	4921.08		United Nations High Commissioner for Refugees	\$100,000
15016	8736.08	7009	4921.08		United Nations High Commissioner for Refugees	\$100,000
16387	16387.08	7009	4921.08		United Nations High Commissioner for Refugees	\$200,000
15017	8980.08	7009	4921.08		United Nations High Commissioner for Refugees	\$200,000
15018	8982.08	7009	4921.08		United Nations High Commissioner for Refugees	\$50,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	4	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	2,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	20	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	50	False

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Pregnant women
Discordant Couples
People Living with HIV / AIDS
Refugees/Internally Displaced Persons

Coverage Areas

North Eastern

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 295.08 Prime Partner: African Medical and Research Foundation Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 4145.08

Activity System ID: 14722

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01

Planned Funds: \$400,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

These activities relate to HIV/AIDS Treatment: ARV Services (#6836), (#6945) Laboratory Infrastructure (#6940), Counseling and Testing (#6941) and Palliative Care: TB/HIV services (#6944).

2. ACTIVITY DESCRIPTION

African Medical Research and Educational Foundation (AMREF) has supported the introduction of PMTCT services since 2004 and will continue to support the implementation and expansion of PMTCT program in Machakos district in Eastern Province and in the Kibera Slum area in Nairobi City. These areas recorded high HIV prevalence rates of 6% and 12%, respectively, among women. AMREF currently supports PMTCT activities in 102 health facilities. Initially, the focus was on district and sub-district hospitals. In the FY 2007 semiannual report, AMREF counseled and tested 4,670 women. In FY 2008, the program will consolidate activities to expand the scope of services to 68 new public health facilities starting with the high volume health centers and eventually the dispensaries. AMREF will also provide counseling and testing to 30,305 pregnant women, and provide ARV prophylaxis to a total of 1,639 HIV positive women: sdNVP and AZT to 820 HIV positive women, HAART to 328 HIV positive women and sdNVP to 492 women. Early infant diagnosis will be provided to 820 infants exposed to HIV. AMREF will develop models of providing comprehensive PMTCT services to HIV positive women and their families, and provide care and follow up to a total of 820 HIV infected-exposed mother- infant pairs. Postnatally, mothers will be counseled on infant feeding practices, linked to family planning services and to care and treatment. The HIV exposed infant will have DBS for early infant diagnosis and will be started on cotrimoxazole at the age of six weeks. All HIV positive women and their families identified through the PMTCT program will be linked to Care and ARV treatment programs. In FY 2008, AMREF will train 400 service providers on PMTCT and comprehensive PMTCT which includes DBS (dry blood spot) sample collection technique in 170 facilities. Significant changes from FY 2007 to FY 2008 for this activity include increasing the uptake of counseling and testing in the ANC to 90%, and maternity testing to 80% from the current 60% increasing the uptake of ANC mother NVP from the current 40% to 80%, increase of maternity NVP from the current 30% to 80%, and infant NVP uptake from the current 20% to 80%. AMREF will strengthen the Health Management Information System at district level through staff training and computerization of the data management. AMREF will support the district to effectively use the national MOH/NASCOP data collection tools. AMREF will also develop innovative strategies for stigma reduction and will use the local radio station channel to reach a wider local audience. In particular, AMREF will improve support supervision to health facilities. This will contribute to increase in uptake of services at facility level, as well as contribute to community support to PMTCT activities.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT activities in Machakos and Kibera slum will contribute to approximately 2.5% of 2008 overall Emergency PMTCT targets for Kenya. The increase in number of sites contributes to the program's efforts to achieve district-wide coverage for improving equity and access particularly in these underserved areas. The provision of PMTCT+ services to the women, infants and other members of the family provides an entry point for HIV positive individuals to access comprehensive HIV care and other HIV care and support services including safe infant feeding practices. The improved district Health Management Information System will identify gaps in coverage that will be addressed to increase district wide coverage. This activity contributes substantively to Kenya's Five-year strategy of providing HIV counseling and testing services to pregnant women thus increasing the number of women who learn their HIV status, as well as improving access of the HIV+ pregnant women to interventions for reducing HIV infection to infants.

4. LINKS TO OTHER ACTIVITIES

The PMTCT activities in Machakos district and Kibera slum relate to AMREF ARV Services (#6836) and CDC KEMRI ARV Services (#6945), CDC/KEMRI laboratory (#6940), VCT (#6941) and TB/HIV services (#6944). AMREF has been supporting a successful ART site in Kibera, and will use this site to test the appropriate model for strengthening the linkages between the PMTCT program and ART program in the providing PMTCT+ services to the women, the infants and members of the woman's family. Further, women identified through the PMTCT program will be referred to the ART program for care and treatment.

5. POPULATIONS BEING TARGETED

This activity targets children under five years, adolescents of reproductive age 15-24, adults, pregnant women and people living with HIV. Health care providers including doctors, nurses, and other health care workers will be targeted for training on PMTCT using the national NASCOP CDC/WHO based curriculum.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in HIV/AIDS programming through provision of HIV counseling and testing services of pregnant women, and improved access to other HIV care programs for the HIV infected woman, her infant and other family members. It will also reduce violence and coercion through stigma at the community level.

7. EMPHASIS AREAS

This activity includes emphasis on quality assurance and supportive supervision as well as emphasis on Development of Network/Linkages/Referral Systems; Community Mobilization/Participation, wrap around programs with Food/Nutrition, PMI through distribution of insecticide treated nets at the MCH, safe motherhood through focused antenatal care, other Family planning initiatives and TB screening and referral for treatment and care

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6837

Related Activity: 14879, 14880, 14725, 14882,

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20347	4145.20347. 09	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	9039	295.09		\$550,000
6837	4145.07	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	4201	295.07		\$250,000
4145	4145.06	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	3222	295.06		\$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14879	4090.08	6964	210.08		Kenya Medical Research Institute	\$589,786
14880	4087.08	6964	210.08		Kenya Medical Research Institute	\$3,300,000
14882	4091.08	6964	210.08		Kenya Medical Research Institute	\$2,879,695
14725	4144.08	6922	295.08		African Medical and Research Foundation	\$850,000
14883	4086.08	6964	210.08		Kenya Medical Research Institute	\$3,050,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	170	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	30,305	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,639	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	400	False

Indirect Targets

Target	Popul	lations
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· · · · · · · · · · · · · · · · · · ·
General population
Children (under 5)
Boys
Children (under 5)
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Pregnant women
Discordant Couples
People Living with HIV / AIDS

Coverage Areas

Eastern

Nairobi

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 368.08 Prime Partner: CARE International

Funding Source: GHCS (State)

Budget Code: MTCT Activity ID: 4181.08

Activity System ID: 14736

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01 Planned Funds: \$500,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only change in FY08 is a reduction in geographical coverage to consolidate efforts into Siaya district only.

1. LIST OF RELATED ACTIVITIES

This activity is linked to activities in HIV/AIDS Treatment: ARV Services (#6945), Laboratory Infrastructure (#6940), Palliative Care: TB/HIV (#6944), and Counseling and Testing (#6941).

2. ACTIVITY DESCRIPTION

CARE International has been supporting the implementation of PMTCT services in Siaya, Migori and Kuria Districts of Nyanza Province since 2001. In FY 2008 the geographical focus of CARE will be Siaya District. Siaya district recorded high HIV prevalence among women: 23.6% in the 2003 KDHS. Siaya has 1 district hospital, 2 sub-district hospitals, 10 health centers, 20 dispensaries, 5 mission and 1 private hospital with comprehensive PMTCT services. CARE International currently supports PMTCT activities in 34 public health facilities, 6 mission and 1 private hospital. In FY 08 CARE will extend to 9 new GOK health facilities. The project is a collaborative effort with the Ministry of Health (MOH). The MOH is responsible for the provision of health facilities and health workers who are trained to provide comprehensive PMTCT services. CARE provides technical assistance and advice on effective models of care and provides strategic oversight. CARE Kenya builds the capacity of the MOH facilities staff to deliver high-quality, efficient and comprehensive PMTCT services, ensures linkages with other PMTCT service providers and communities, promotes early infant diagnosis with appropriate guidance on infant nutrition, ensures linkage of mother and infected infants to care and treatment, and facilitates supportive supervision. In FY 2008, CARE International will extend PMTCT support to all existing public health facilities, and will refurbish and equip these as needed. CARE will focus on all the 4 prongs of PMTCT, with emphasis on primary prevention within the ANC (prong 1), prevention of unwanted pregancies by strengthening linkage to FP (prong 2) and linkage to care and treatment for mother, partner, infant and other children at home (prong 4). In prong 3, the main focus will be on routine counseling and testing of pregnant women in antenatal clinics (ANC) and in maternity units, WHO clinical staging of HIV positive women, provision of cotrimoxazole and antiretroviral prophylaxis to HIV positive women and exposed infants. Emphasis will be laid on provision of a more efficacious regimen (sdNVP + AZT) or HAART to eligible women and counseling on infant nutrition. The program will provide HIV counseling and testing to 20,685 pregnant women, and provide antiretroviral prophylaxis to 4.185 HIV positive women. Of these, 2,093 will receive sdNVP+AZT, 837 women HAART and 1,256 sdNVP. HIV infected and exposed infants will be followed up postnatally. The care package for HIV infected mothers in post-natal follow up will include counseling on appropriate infant feeding practices, linkage to care and treatment, and linkage to family planning services. The care package for HIV exposed infants will include early infant diagnosis and initiation of cotrimoxazole from 6 weeks, to a target of 2,093 infants. CARE will train 96 health service providers in comprehensive PMTCT (96 on DBS, 30 on safe water systems, 48 on post exposure care and post exposure prophylaxis, 48 on family planning (re-orientation) and 96 on nutritional counseling for exposed babies). Care will train over 300 community members including youth groups, teachers, CORPS and peer counselors or various skills required for support groups, disclosure counseling, public speaking and peer education. Additionally, CARE will organize and coordinate mobile PMTCT and early infant diagnosis services to the facilities without adequate staffing or infrastructure, and promote linkage from PMTCT to care and treatment. Identified infected infant-mother pairs will be linked to care and treatment. CARE will initiate pediatric antiretroviral treatment in mature high volume PMTCT sites, and establish a facility-lab courier network for DBS to improve efficiency in specimen collection and return of results. Plus up funds will be used within Siaya district to scale up early infant diagnosis activities, diagnostic testing and counseling (DTC) in the MCH, paediatric clinics and paediatric wards, TB clinics and adult treatment centers. Funds will also be used for start up of paediatric care and treatment within the MCH in high volume mature PMTCT sites. This will help increase the number of infants and children accessing diagnosis, care and antiretroviral therapy, and towards achieving the COP 08 EID targets of 2,093 and rapid scale up of children on ARTs. Funds will be used to support training on DBS, dissemination of national algorithm, procurement of test-kits for rapid tests, reagents, supplies and logistics for EID and DTC, and logistics for administration of paediatric ART and care from the MCH. In FY 2008, CARE International will consolidate PMTCT activities to enhance male partner involvement using special invitation cards to the partners. CARE will use PLWHA to form support groups and demand creation for PMTCT. Within the facilities, CARE International will enhance supervision to achieve the targets for CT and NVP uptake. In addition, CARE will leverage resources available through their Safe Water Systems (SWS) program that focuses on making water safe through disinfection and safe storage to avoid contamination. Safe water vessels and disinfectant will be provided to women in the PMTCT program. This will improve the safety of infant weaning and reduce diarrhea morbidity. A community mobilization and education component will be included to increase awareness so that community members can make informed choices on issues to do with techniques of disinfecting water, proper hygiene behavior and proper use of safe water storage facilities.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Community participation and male involvement will significantly contribute to PEPFAR goals for primary prevention, access to care and treatment, and support of those affected and infected. This activity will contribute 1.7 % to the 2008 overall Emergency Plan PMTCT targets for Kenya (1.2 million).

4. LINKS TO OTHER ACTIVITIES

This activity is linked to the KEMRI ARV program (#6945), KEMRI laboratory program (#6940), KEMRI TB/HIV program (#6944), and VCT (#6941). PMTCT services include counseling and testing which is largely diagnostic, provision of ARV prophylaxis and appropriate referrals for the management of opportunistic infections and HIV/AIDS treatment. All HIV+ mothers and their family members will be referred to the ART program for on-going care, treatment and support. DBS samples will be packaged and shipped to KEMRI laboratories doing PCR, while samples for CD4 will be sent to regional laboratories doing CD4 count. Patients suspected to have TB will be screened and referred for TB treatment. Partners of HIV positive mothers will be encouraged to come for testing at PMTCT site or to go for VCT.

5. POPULATIONS BEING TARGETED

This activity targets adults, pregnant women, HIV+ pregnant women, HIV exposed and HIV+ infants (0-4 years). The PMTCT+ initiatives will also target HIV affected families through providing mechanism for

Activity Narrative: improving access to care of the family members of the HIV+ women. Public health care workers including doctors, nurses and other health care workers for example clinical officers, nutritionists, and social workers, will also be targeted for training using the nationally adopted NASCOP/CDC/WHO approved training packages, to equip them with knowledge and skills to provide comprehensive HIV prevention and care services.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues include increasing gender equity in HIV/AIDS programs, reduction of stigma and discrimination, linking care and support programs to income generation activities, and microfinance programs for women.

7. EMPHASIS AREAS

Major emphasis will be placed on Quality Assurance and Supportive Supervision; lesser emphasis will be placed on Commodity procurement, Community Mobilization/Participation, Development of Network/Linkages/Referral systems and Training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6851

Related Activity: 14879, 14882, 14883

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20360	4181.20360. 09	HHS/Centers for Disease Control & Prevention	CARE International	9048	368.09		\$500,000
6851	4181.07	HHS/Centers for Disease Control & Prevention	CARE International	4210	368.07		\$400,000
4181	4181.06	HHS/Centers for Disease Control & Prevention	CARE International	3236	368.06		\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14879	4090.08	6964	210.08		Kenya Medical Research Institute	\$589,786
14882	4091.08	6964	210.08		Kenya Medical Research Institute	\$2,879,695
14883	4086.08	6964	210.08		Kenya Medical Research Institute	\$3,050,000

Emphasis Areas

Construction/Renovation

Gender

* Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting

Local Organization Capacity Building

Workplace Programs

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	50	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	20,685	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	4,185	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	96	False

Indirect Targets

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Pregnant women
Discordant Couples
People Living with HIV / AIDS

Coverage Areas

Nyanza

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 4915.08

Prime Partner: Engender Health

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 8734.08

Activity System ID: 14777

Mechanism: APHIA II - Nyanza

USG Agency: U.S. Agency for International Development Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01 Planned Funds: \$650,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS

The only change to the program since approval in the 2007 COP are 1) geographic coverage has been expanded to include public and faith based health facilities in 11 districts and 2) the provision of a comprehensive ANC package of care to improve the quality of PMTCT services has been added.

The targets and funding levels have also been changed in order to provide for a complete ANC profile, birth planning, HIV testing and counseling in ANC and delivery units, ARV and OI prophylaxis, HAART for eligible women, and counseling on maternal and infant nutrition and improved obstetric care. APHIA II Nyanza will use a family-centered prevention and care approach, including the expansion of couple counseling and testing. Wrap around activities with the PMI, family planning and safe motherhood, TB and nutrition programs will be undertaken in this year.

1. LIST OF RELATED ACTIVITIES

This activity relates to counseling and testing (#8760), abstinence/be faithful (#8989), condoms and other prevention (#8942), palliative care (#8928), TB/HIV (#9059)) and ARV services (#8774).

2. ACTIVITY DESCRIPTION

USAID's APHIA Nyanza project implemented by EngenderHealth began its support to PMTCT services in Nyanza Province in FY 2006. In FY 2007 this activity will continue the expansion of PMTCT services in 60 public sector and faith-based health facilities across nine districts in Nyanza Province. In these health facilities technical assistance will be provided to increase management and technical capacity of staff, and improve quality and utilization of services. This activity aims to reach 80% of ANC clients, with counseling and testing, to provide ARV prophylaxis to 90% of the expected HIV+ mothers and early infant diagnosis to 50% of exposed infants. To improve the technical capacity of health staff, 250 will receive training in PMTCT based on the national guidelines. In the eleven districts, counseling and testing will be provided to 28,965 pregnant women, antiretroviral prophylaxis to 4932 HIV+ women, 2466 of whom will receive the more efficacious regimen, 986 will receive HAART and 1480 will receive single dose nevirapine. Early infant diagnosis will be provided to 2,466 exposed babies. Service delivery will continue to incorporate best practices including op-out testing with same day results, maximally effective combination prophylaxis regimens, referral for partner testing and appropriate referral linkages to support post natal follow up of HIV+ mothers and exposed infants. The project will examine ways to improve infant feeding and compliance to treatment. Priority will be given to provision of integrated services ensuring effective linkages to treatment, care and support, as well as to family planning and reproductive health services. This will ensure that pregnant women receive comprehensive HIV care including OI prevention and treatment especially for TB. Support to infrastructure development, procurement of medical equipment and improved data collation will enhance service delivery. Behavior change communication (BCC) strategies will focus on stigma reduction to increase utilization of services, psychosocial support, promotion of ante natal care services and facility based deliveries.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will work in collaboration with other partners in Nyanza province to improve geographical coverage for PMTCT services and strengthen service delivery. It will contribute 2.4% of the overall PMTCT targets in 2008. This will enhance MCH service quality and encouraging rural women in underserved communities to attend ante natal care services. Referrals and linkages to care and treatment for pregnant women and infants, and referrals for partner testing will increase opportunities to provide comprehensive family care and treatment.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in counseling and testing (#8760), abstinence/be faithful (#8989), to reduce stigma and encourage women and families to know their status. It also relates to condoms and other prevention (#8942), palliative care (#8928), TB/HIV (#9059) and ARV services (#8774) encouraging healthier behaviors in HIV prevention in care and treatment settings.

5. POPULATIONS BEING TARGETED

This APHIA Nyanza activity targets adults of reproductive health age, pregnant women, family planning clients, infants, and HIV positive pregnant women. BCC activities will involve community leaders and community based organizations to increase demand for services amongst community members. Strategies to improve quality of services will target faith-based and public health doctors, nurses, mid wives and other health care workers such as clinical officers and public health officers in both public and faith based facilities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The behavior change communication activities for STI and HIV prevention will promote gender equity through partnering with women's organizations in the design and implementation of community activities. The activity will address male norms and behavior including multiple sexual partners through community interventions, as well as stigma and discrimination.

7. EMPHASIS AREAS

This APHIA II Nyanza activity has emphasis on gender by addressing male norms and behaviors and increasing women's access and equity in HIV programs, quality improvement through training and supportive supervision, task shifting to allow more cadres of staff to offer services, wrap around program with the PMI, family planning and safe motherhood, child survival and nutrition programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8734

Related Activity: 14778, 14779, 14780, 14781, 14784, 14786, 14785

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20428	8734.20428. 09	U.S. Agency for International Development	Engender Health	9063	4915.09	APHIA II - Nyanza	\$530,000
8734	8734.07	U.S. Agency for International Development	Engender Health	4915	4915.07	APHIA II - Nyanza	\$466,880

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14778	8989.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$1,800,000
14779	8942.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$1,500,000
14780	8928.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$900,000
14781	9059.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$300,000
14785	8774.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$3,050,000
14786	8859.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$400,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	60	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	28,965	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	4,932	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	250	False

Indirect Targets

Target Po	opulations
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General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
Pregnant women	
Discordant Couples	
People Living with HIV / AIDS	
Religious Leaders	

Coverage Areas

Nyanza

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 282.08

Prime Partner: Eastern Deanery AIDS Relief Program Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 8654.08

Activity System ID: 14771

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01

Planned Funds: \$110,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HIV/AIDS treatment/ARV services (#6880), (#7094) and Palliative Care: TB/HIV (#6879).

2. ACTIVITY DESCRIPTION

The Eastern Deanery AIDS Relief Program (EDARP) is a faith-based organization under the Roman Catholic Archdiocese of Nairobi that was established in 1993 as a response to the HIV pandemic affecting the people living in a slum setting in the Eastlands area of Nairobi. A network of community health workers and clinical sites has been established, and now provides a variety of HIV prevention and treatment services to many thousands of people with HIV. EDARP has one site that has been offering comprehensive PMTCT since 2005, providing HIV counseling and testing to women accessing ANC services as well as ARV prophylaxis to HIV positive women and their exposed infants. In addition referral linkages have been established to centers providing antiretroviral therapy for continuum of care for the mother, male partner and, infant. In FY 2008, EDARP will consolidate its PMTCT services at the seven existing sites. EDARP will implement integrated comprehensive PMTCT service in accordance with the National Comprehensive PMTCT guidelines. Comprehensive integrated PMTCT services include, but are not limited to counseling and testing of pregnant women and their partners in antenatal clinics, delivery units and postnatal clinics using the opt-out approach, clinical staging of all HIV-positive women using WHO guidelines, use of appropriate antiretroviral regimens including HAART for maternal health in accordance to the National Antiretroviral therapy guidelines, use of zidovudine plus single dose nevirapine or use of single dose nevirapine for women presenting late in pregnancy, postnatal follow-up for the mother and exposed infants, initiation of cotrimoxazole prophylaxis to all exposed infants at 6 weeks, Early Infant Diagnosis (EID) at six weeks via PCR on Dry Blood Spots (DBS) from all exposed infants and successful referral of HIV-positive mothers, their male partners and infected infants to antiretroviral treatment centers. EDARP targets counseling and testing to 600 pregnant women and provide antiretroviral prophylaxis for 80 HIV-positive women. All HIV-positive pregnant women eligible for treatment will be initiated on HAART, all the other women will be given the more efficacious PMTCT regimen of AZT and sd Nevirapine. Early Infant Diagnosis (EID) using Dry Blood Spots (DBS) at six weeks and co-trimoxazole prophylaxis will target all HIV exposed infants. The program will support the training of 30 service providers on comprehensive PMTCT using the national PMTCT training package.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to 0.05 % of the overall 2008 Emergency Plan PMTCT targets for Kenya. Community participation and male involvement will significantly contribute to PEPFAR goals for primary prevention, access to care and treatment, and support of those affected and infected. EDARP will continue to facilitate capacity building of facility management teams for improved management of health services and set up of referral networks and linkages for a continuum of care from facilities to Home-based care within the community and among various programs within the Eastleigh area. This activity contribute to increased awareness, demand creation and stigma reduction leading to increased utilization of services towards the goal of universal access to prevention, care and treatment services.

4. LINKS TO OTHER ACTIVITES

Linkages to HIV care and treatment services will be strengthened, to ensure immediate appropriate care for the woman and exposed infants, and family members as well and thus optimize utilization of complementary services created through Emergency Plan funding. This activity will relate to the ARV services of EDARP and University of Manitoba ARV services.

5. POPULATIONS BEING TARGETED

This activity targets children under five years, adolescents of reproductive age 15-24 years, adults, pregnant women, and people living with HIV. Health care providers including doctors, nurses and other health care workers will be targeted for training on PMTCT using the national NASCOP PMTCT CDC/WHO based curriculum.

6. EMPHASIS AREAS /KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender equity in HIV/AIDS programs through improved PMTCT service delivery at antenatal clinics and maternity units. This activity includes emphasis on In service training for service providers, and wrap around programming to include Malaria (PMI) through distribution of ITNs to all pregnant women at the ANC as well as Intermittent Presumptive Malaria treatment, safe mother hood through the provision of focused ante-natal care as well as improved TB screening among pregnant women and linkage to TB treatment for all identified TB cases.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8654

Related Activity: 14776, 15027

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20420	8654.20420. 09	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	9062	282.09		\$80,000
8654	8654.07	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	4222	282.07		\$61,165

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14776	4130.08	6943	282.08		Eastern Deanery AIDS Relief Program	\$4,300,000
15027	4136.08	7013	287.08		University of Manitoba	\$800,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Malaria (PMI)
- * Safe Motherhood
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	7	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	600	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	80	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	30	False

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Pregnant women
People Living with HIV / AIDS

Coverage Areas

Nairobi

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 4916.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 8733.08

Activity System ID: 14797

Mechanism: APHIA II - Rift Valley

USG Agency: U.S. Agency for International Development Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01 Planned Funds: \$3,000,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS, BUDGETS AND EMPHASIS AREAS.

1. LIST OF RELATED ACTIVITIES

This activity relates to counseling and testing (#8776), ARV services (#8797), palliative care: home based care and support (#8929), abstinence and be faithful (#9070) and other prevention (#9040) activities.

2. ACTIVITY DESCRIPTION

This APHIA II Rift Valley activity will expand PMTCT services in the Rift Valley province, building on the support previously provided through USAID's IMPACT and AMKENI Projects. It aims to increase the uptake of counseling, testing (CT) and ARV prophylaxis to at least 80% of pregnant women in selected sites. In 150 facilities across several districts in Rift Valley Province CT will be provided to 178,372 pregnant women, ARV prophylaxis to 8,797 HIV-positive women. Of these 4399 HIV positive women will receive AZT prophylaxis, 2,639 will receive single dose nevirapine while 1,759 will be put on HAART. Service delivery will incorporate best practices namely opt-out approach and rapid testing. Sites will include, or be linked to, comprehensive care centers. Opportunistic infection prophylaxis, the use of more efficacious regimens for ARV prophylaxis and PMTCT plus services will start in selected sites. Improved capacity to carry out postnatal follow up of infected mothers and exposed babies including early infant diagnosis to reach 4,399 exposed infants in the mother and child health clinics (MCH) are priorities. Cost barriers to ART uptake especially laboratory costs in its sites will be addressed. Significant changes from 2007 include the provision of universal and more comprehensive PMTCT services in Rift Valley. Strategies to provide CT in maternity services during labor and delivery, emphasis on early infant diagnosis, male involvement, and greater involvement of people living with HIV/AIDS and deployment of additional counselors to ANC sites are other important changes. Postnatal follow up of infants and mothers will include infant diagnosis, cotrimoxazole prophylaxis, treatment, and support for infant feeding practices and appropriate linkages for nutritional support. In 2008 APHIA II Rift Valley will support 300 sites, train 600 additional health care providers and provide logistical support, renovation, supervision and monitoring. Support to PMTCT plus services will include training of service providers, strengthening of laboratory and commodity logistics capacity, increased access to HB, FBC and CD4 assays and linkages to comprehensive care centers. Operations research will focus on improving service delivery. This activity will use the Ministry of Health's WHO/CDC-based curriculum for training, comply with MOH's clinical and reporting guidelines, and participate in the MOH's Technical Working Group. Community links in rural areas to provide support especially to HIV+ pregnant women will be established through national organizations of PLWHA. Agreements with Provincial Medical Officers will ensure that PMTCT skills are taught to multidisciplinary treatment and care teams at comprehensive care facilities, and that primary HIV care is integrated into MCH clinics

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT in this geographical area will significantly support PEPFAR goals for primary prevention and care by contributing 14.7% of 2008 overall Emergency Plan PMTCT targets for Kenya. Additional sites contribute to the program's efforts to achieve district wide coverage for services. Support to high volume health centers, district and provincial hospitals to provide PMTCT plus services significantly increase opportunities to identify HIV infected patients who are potential candidates for ART. Access to services, medical treatment and care will encourage rural women in underserved communities to attend ante natal care services. This will facilitate postnatal follow up of HIV positive women, infants and their family members. This APHIA II Rift Valley activity also contributes to reduce mother-to-child infections and providing HIV/AIDS treatment as a step towards preserving the family unit. It also contributes to the strategy to integrate services and improve the referral links.

4. LINKS TO OTHER ACTIVITIES

This activity relates to CT, ARV services, Palliative care, OVC, AB and other prevention activities described in the APHIA II Rift Valley in other areas of the COP. PMTCT plus services include counseling and testing which is largely diagnostic, provision of ARV prophylaxis, management of opportunistic infections and ARV services. Strengthening laboratory services and improving commodity logistic systems is a crucial part of HIV/AIDS treatment services.

5. POPULATIONS BEING TARGETED

This APHIA II Rift Valley activity targets adults of reproductive health age, pregnant women, family planning clients, infants, people living with HIV/AIDS, HIV positive pregnant women and HIV positive infants. BCC activities will involve community leaders and community based organizations to increase demand for services. Strategies to improve quality of services will target Ministry of Health staff, doctors, nurses, midwives, laboratory workers, pharmacists and other health care workers such as clinical officers and public health officers.

6. KEY LEGISLATAIVE ISSUES ADDRESSED

This APHIA II Rift Valley PMTCT activity will increase gender equity in programming through partnering with women's groups in the design and implementation of community mobilization approaches. The behavior change communication (BCC) activities will promote a family approach to PMTCT. This will address male norms, encourage male participation and help reduce stigma and discrimination. Increased availability of services will also reduce stigma.

7. EMPHASIS AREAS

This activity includes emphasis on human capacity development through training and task shifting, development of network/linkages/referral systems to wrap around programs in malaria, family planning, safe motherhood, TB and nutrition programs. Support to strategic information will be provided.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8733

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20452	8733.20452. 09	U.S. Agency for International Development	Family Health International	9066	4916.09	APHIA II - Rift Valley	\$2,600,000
8733	8733.07	U.S. Agency for International Development	Family Health International	4916	4916.07	APHIA II - Rift Valley	\$1,400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14798	9070.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$2,100,000
14799	9040.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$1,700,000
14800	8929.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$900,000
14804	8797.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$2,300,000
14805	8895.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$400,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	300	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	178,372	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	8,797	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	600	False

Indirect Targets

Target	Popul	lations
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General population
Children (under 5)
Boys
Children (under 5)
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Pregnant women
Discordant Couples
People Living with HIV / AIDS

Coverage Areas

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 4913.08 Prime Partner: Family Health International Funding Source: GHCS (State) Budget Code: MTCT Activity ID: 8764.08 Activity System ID: 14806 Mechanism: APHIA II - Coast

USG Agency: U.S. Agency for International Development Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01

Planned Funds: \$2,000,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The narrative is unchanged except for an expansion in geographic coverage to include more facilities and wrap-around activities with the PMI, family planning and safe motherhood, TB and nutrition programs.

1. LIST OF RELATED ACTIVITIES

This activity relates to Counseling and Testing (#8781), Palliative Care: TB/HIV (#9062) and Palliative Care: Basic Health Care and Support (#8934), HIV/AIDS Treatment: ARV Services (#8813), Condoms and Other Prevention Activities (#8930), and Orphans and Vulnerable Children (#9048).

2. ACTIVITY DESCRIPTION

This APHIA II Coast activity will expand PMTCT services in the Coast Province, building on the support previously provided through USAID's IMPACT and AMKENI EngenderHealth Projects. It aims to provide universal uptake of counseling and testing (CT) and ARV prophylaxis in the province. In all the facilities across the six districts, counseling and testing will be provided to 119,138 pregnant women, and ARV prophylaxis to 7,280 HIV-positive women. Of these, 3,640 will receive AZT, 1456 HAART and 2184 single dose nevirapine. 3640 exposed infants will receive PCR for early infant diagnosis. Service delivery will incorporate best practices, namely opt-out approach and rapid testing. Sites will include, or will be linked to, comprehensive care centers. Opportunistic infection prophylaxis, the use of more efficacious regimens for ARV prophylaxis and PMTCT plus services will start in selected sites. Improved capacity to carry out postnatal follow up of infected mothers and exposed babies to include early infant diagnosis especially in the mother and child health clinics (MCH) are priorities. Cost barriers to ART uptake which include laboratory costs in its sites will be addressed. Significant changes from 2007 include the universal provision of PMTCT services in the entire district, provincial hospitals and high volume health centers, and the use of more efficacious regimens for ARV prophylaxis. Strategies to provide CT in maternity services during labor and delivery, emphasis on universal uptake of CT and ARV prophylaxis and deployment of additional counselors to ANC sites are other important changes. Postnatal follow up of infants and mothers will include infant diagnosis, cotrimoxazole prophylaxis, treatment, and support for infant feeding practices and appropriate linkages for nutritional support. In 2008, the APHIA II Coast will support 250 sites, train 500 providers and provide logistical support, renovation, supervision and monitoring. Support to PMTCT plus services will include training of service providers, strengthening of laboratory and commodity logistics capacity, increased access to HB, FBC and CD4 assays and linkages to comprehensive care centers. Operations research will focus on improving service delivery. This activity will use the Ministry of Health's WHO/CDC-based curriculum for training, comply with MOH's clinical and reporting guidelines, and participate in the MOH's Technical Working Group. Community links in rural areas to provide support especially to HIV+ pregnant women will be established through national organizations of PLWHA. Agreements with Provincial Medical Officers will ensure that PMTCT skills are taught to multidisciplinary treatment and care teams at comprehensive care facilities, and that primary HIV care is integrated into MCH clinics. HIV counseling and testing services to partners and family members of pregnant women will be scaled up, thus addressing the fourth prong of the PMTCT program strategy. This prong has remained largely unaddressed in Kenya. Approximately 4,500 spouses of HIV positive pregnant women and about 35,000 spouses of HIV negative women will be reached. The CT services will be extended to other family members including children using the pregnant woman as the entry point. This will foster a family centered approach to care and treatment and help improve post natal follow up of the mother-infant pair.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT in this geographical area will significantly support PEPFAR goals for primary prevention and care by contributing 10% of 2008 overall Emergency Plan PMTCT targets for Kenya. Additional sites contribute to the program's efforts to achieve district wide coverage for services. Support to high volume health centers, district and provincial hospitals to provide PMTCT plus services significantly increase opportunities to identify HIV infected patients and potential candidates for ART. Access to services, medical treatment and care will encourage rural women in underserved communities to attend antenatal care services. This will facilitate postnatal follow up of HIV positive women, infants and their family members. This APHIA II Coast activity also contributes substantively to Kenya's Five-year strategy of encouraging pregnant women to know their status, availing services to reduce mother-to-child infections and providing HIV/AIDS treatment as a step towards preserving the family unit. It also contributes to the strategy to integrate services and improve the referral links.

4. LINKS TO OTHER ACTIVITIES

This activity relates to CT (#8781), OVC (#9048), palliative care (#9062) and (#8934) and other prevention activities (#8930) described under the APHIA II Coast in other parts of the 07 COP. PMTCT plus services include counseling and testing which is largely diagnostic, provision of ARV prophylaxis, management of opportunistic infections and ARV services (#8813). Strengthening laboratory services and improving commodity logistic systems is a crucial part of HIV/AIDS treatment services. Operations research on improving service delivery is included.

5. POPULATIONS BEING TARGETED

This APHIA II Coast activity targets adults of reproductive health age, pregnant women, family planning clients, infants, people living with HIV/AIDS, HIV positive pregnant women and HIV positive infants. BCC activities will involve community leaders and community based organizations to increase demand for services. Strategies to improve quality of services will target Ministry of Health staff, doctors, nurses, midwives, laboratory workers, pharmacists and other health care workers such as clinical officers and public health officers.

6. KEY LEGISLATAIVE ISSUES ADDRESSED

This APHIA II Coast activity will increase gender equity in programming through partnering with women's groups in the design and implementation of community mobilization approaches. The behavior change communication (BCC) activities will promote a family approach to PMTCT. This will address male norms, encourage male participation and help reduce stigma and discrimination. Increased availability of services will also reduce stigma.

7. EMPHASIS AREAS

This activity includes emphasis on human capacity development through training, supportive supervision

Activity Narrative: and task shifting, local organization capacity development and improvement in strategic information. Wrap around program with the PMI, family planning and safe motherhood, TB and nutrition programs will be linked with this activity.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8764

Related Activity: 14807, 14808, 14809, 14810, 14811, 14813, 14814

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20464	8764.20464. 09	U.S. Agency for International Development	Family Health International	9067	4913.09	APHIA II - Coast	\$2,000,000
8764	8764.07	U.S. Agency for International Development	Family Health International	4913	4913.07	APHIA II - Coast	\$950,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14807	8950.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000
14808	8930.08	6948	4913.08	APHIA II - Coast	Family Health International	\$1,800,000
14809	8934.08	6948	4913.08	APHIA II - Coast	Family Health International	\$1,205,000
14810	9062.08	6948	4913.08	APHIA II - Coast	Family Health International	\$390,000
14811	9048.08	6948	4913.08	APHIA II - Coast	Family Health International	\$4,950,000
14813	8813.08	6948	4913.08	APHIA II - Coast	Family Health International	\$4,900,000
14814	9711.08	6948	4913.08	APHIA II - Coast	Family Health International	\$300,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	250	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	119,138	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	7,280	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	500	False

Indirect Targets

Target Populations

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
Pregnant women	
Discordant Couples	
People Living with HIV / AIDS	

Coverage Areas

Coast

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 521.08 Prime Partner: Indiana University Funding Source: GHCS (State) Budget Code: MTCT Activity ID: 4233.08 Activity System ID: 14827 Mechanism: USAID-AMPATH Partnership USG Agency: U.S. Agency for International Development Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01 Planned Funds: \$600,000 Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS. THE CURRENT AGREEMENT WITH INDIANA UNIVERSITY HAS COME TO AN END AND THE PRIME PARTNER MAY CHANGE ONCE THE COMPETITION PROCESS IS CONCLUDED. THE FUNDING MECHANISM WILL BE MOI UNIVERSITY SCHOOL OF MEDICINE NETWORK (MUSM) TBD

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in MUSM Network TBD Palliative Care: TB/HIV, Palliative Care: Basic Health Care and Support, MUSM Network TBD HIV/AIDS Treatment: ARV Services, and MUSM Network TBD Counseling and Testing.

2. ACTIVITY DESCRIPTION

The Moi University School of Medicine (MUSM) Network TBD is a broad initiative by Moi University Faculty of Health Sciences (MUFHS) and Moi Teaching and Referral Hospital (MTRH) in collaboration with Indiana University School of Medicine (IUSM) and other academic centers. MUSM Network TBD is a comprehensive program of HIV treatment, prevention, community mobilization, Counseling and Testing (CT), Prevention of Mother-To-Child HIV transmission infection (PMTCT), PMTCT-Plus, nutritional support, on the job training, and outreach activities. The Emergency Plan (EP) and private foundations fund this project. Through this project, 90% of all pregnant women in the targeted sub-locations will receive counseling and testing and 80% of HIV-infected pregnant women will be enrolled in the PMTCT+ program. More effort will be put towards monitoring and evaluation of the PMTCT program. Additionally, at least 50% of spouses of HIV-infected pregnant women will be offered CT in an effort to treat entire families. This is a key outcome of successful PMTCT. MUSM Network TBD, MUFHS, and MTRH will use Emergency Plan funds to expand PMTCT services and teach the skills to medical students. In 2008 this program will be continued and expanded to additional health facilities under MUSM Network TBD within Rift Valley, Nyanza and Western Provinces to a total 30 health facilities. These facilities will counsel and test 34,282 pregnant women and provide antiretroviral prophylaxis for 1772 HIV-positive women. Of these, 886 will receive AZT, 354 HAART and 532 single dose nevirapine. 886 exposed infants will be reached with PCR for early infant diagnosis. 75 health workers will be trained to provide PMTCT services.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

MUSM Network TBD in the Rift Valley region will contribute 3% of the PEPFAR target of 1,200,000 for PMTCT primary prevention and care. Planned activities will improve equity in access to HIV prevention and care services in underserved rural communities. MUSM Network TBD will help ensure there are adequate networks and linkages between their sites and other medical sites where AIDS care and treatment are available for both adults and children. These activities will contribute to increased access to CT services, particularly among underserved and high risk populations and result in increased availability of diagnostic counseling and testing services in medical settings to identify the large numbers of HIV infected patients who are potential candidates for ART.

4. LINKS TO OTHER ACTIVITIES

The PMTCT activities of the MUSM Network TBD in the Rift Valley region relate to MUSM Network TBD Palliative Care: TB/HIV, Palliative Care: Basic Health Care and Support, MUSM Network TBD HIV/AIDS Treatment: ARV Services, and MUSM Network TBD Counseling and Testing. PMTCT services include counseling and testing which is largely diagnostic, provision of ARV prophylaxis, and appropriate referrals for the management of opportunistic infections and HIV/AIDS treatment.

5. POPULATIONS BEING TARGETED:

This activity targets the general population, adults of reproductive health age, pregnant women, family planning clients, University students, infants, and HIV positive pregnant women and special populations such as discordant couples. Behavior Change and Communication (BCC) activities will involve community leaders and community based organizations to increase demand for services amongst community members. Strategies to improve quality of services will target health care providers in public health facilities including doctors, nurses, mid wives and other health care workers such as clinical officers and public health officers. The program will also target traditional birth attendants.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in programming through PMTCT services targeted to pregnant women and their spouses. MUSM Network TBD will continue providing nutritional support through its HIV farm as well as microfinance and micro credit activities. Increased availability of PMTCT services will help reduce stigma and discrimination at community and facility level.

7. EMPHASIS AREAS

This activity includes emphasis on human capacity development through training, supportive supervision and task shifting. Minor emphasis will be placed on community mobilization, development of networks/linkages systems such as the nutritional programs, and local MUFHS, and MTRH organizational capacity development and quality assurance, quality improvement and supportive supervision.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6898

Related Activity: 14828, 14831, 14832

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20498	4233.20498. 09	U.S. Agency for International Development	Indiana University	9073	521.09	USAID- AMPATH Partnership	\$900,000
6898	4233.07	U.S. Agency for International Development	Indiana University School of Medicine	4230	521.07		\$3,050,000
4233	4233.06	U.S. Agency for International Development	Indiana University School of Medicine	3254	521.06		\$350,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14828	5103.08	6953	521.08	USAID-AMPATH Partnership	Indiana University	\$2,000,000
14831	8758.08	6953	521.08	USAID-AMPATH Partnership	Indiana University	\$500,000
14832	4234.08	6953	521.08	USAID-AMPATH Partnership	Indiana University	\$6,800,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training
- * Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	30	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	34,282	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,772	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	75	False

Indirect Targets

Target Pop	ulations
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General population		
Children (under 5)		
Boys		
Children (under 5)		
Girls		
Ages 15-24		
Men		
Ages 15-24		
Women		
Adults (25 and over)		
Men		
Adults (25 and over)		
Women		
Other		
Pregnant women		
Discordant Couples		
People Living with HIV / AIDS		

Coverage Areas

Rift Valley

Nyanza

Western

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 662.08

Prime Partner: International Medical Corps

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 4239.08

Activity System ID: 14836

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01

Planned Funds: \$330,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity will relate to HIV/AIDS Treatment: ARV Services (#6945), (#8797), Laboratory Infrastructure (#6940), Counseling and Testing, (#6948), and Palliative Care: TB/HIV (#6944).

2. ACTIVITY DESCRIPTION

The International Medical Corps (IMC) will continue to support the implementation of PMTCT activities, with a geographical focus on the Suba District in Nyanza Province. Suba is a hard-to-reach area in Nyanza Province with a mainland and six main islands which include Rusinga, Mfangano, Remba and Ringiti within Lake Victoria. The infrastructure is particularly poor with very bad roads, and movement between the islands and mainland requires use of a boat, making access to health facilities difficult. Subas are a fishing community with very high HIV prevalence rates among women: 41% in the 2003 KDHS. IMC is currently supporting PMTCT activities in 30 out of 31 public health facilities in the district. The PMTCT activities of IMC relate to counseling and testing of pregnant women in antenatal clinics (ANC) and in maternity units, and provision of antiretroviral prophylaxis to HIV+ women and exposed infants. IMC is also involved in postnatal follow-up of mother-infant pairs, testing of the woman's partner and other children, and linking those eligible to care and treatment. In FY 2008, IMC-supported facilities will counsel and test 8,216 pregnant women, perform WHO clinical staging and provide antiretroviral prophylaxis for 2,889 HIV positive pregnant women. Of these2,889 women, IMC will provide sdNVP and AZT to 1,445 HIV-positive women, link 578 women to antiretroviral therapy (HAART), sdNVP to 867 women and do PCR for early infant diagnosis on 1,445 (50%) of HIV exposed infants in accordance with the national algorithm. For the infant, IMC will focus on initiation of cotrimoxazole and doing DBS for PCR at six weeks. Infants found to be HIV positive at six weeks or thereafter will be linked to pediatric HIV care and treatment if they are eligible. The postnatal care package for the mother will include counseling on appropriate infant feeding practices according to national PMTCT and nutrition guidelines, linkage to family planning services and linkage to care and ARV treatment. IMC will enhance male involvement through invitation by cards, establishment of a male only clinic and through home based counseling and testing. Home-based counseling and testing will be conducted and antenatal women found positive will be referred to the nearest health facility for PMTCT program. IMC will use the national PMTCT curriculum, and NASCOP (MOH) clinical and reporting guidelines, and will continue to participate in the MOH's Technical Working Group to ensure coordination of activities between the sites it supports and the MOH at the district and national level. In FY 2008, IMC will have scaled up to all 31 health facilities in the district, and will focus on consolidation of PMTCT core activities. Despite being in all health facilities, achieving universal access will be a challenge due to the difficult terrain, and there would still be unmet CT need of about 6000. IMC will use other approaches including mobile PMTCT clinics using boats and establishing a network with traditional birth attendants and community health workers to refer mothers for PMTCT services at the nearest health facility, as well as expand home based counseling and testing. IMC will address all the four prongs of PMTCT, and lay emphasis on primary prevention, prevention of unwanted pregnancies and enhance linkage to care and treatment for mother, partner and children. IMC will use people living with HIV/AIDS (PLWHAs) for peer counseling, formation of support groups, and for demand creation for PMTCT services. IMC will engage in task shifting using PLWHA to take up some of the less technical tasks of the HCP. IMC will conduct orientation of the DHMTs on current interventions like more efficacious regimen, early infant diagnosis, counseling on infant feeding especially when PCR results show HIV negative and integration of FP into PMTCT. Emphasis will be laid on behavior change and positive prevention. IMC has trained 60 nurses and will train a total of 90 by end FY '07. In FY 08 IMC will train 30 nurses in basic PMTCT, and 15 VCT counselors who will be used in home based counseling, a way of increasing couple counseling and male involvement. Community workers will be an additional resource to supplement the scarcity of Ministry of Health (MOH) personnel.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT in Suba District will significantly contribute to PEPFAR goals for primary prevention, access to care and treatment, and support of those affected and infected. This activity will contribute 0.68% of the 2008 overall Emergency Plan PMTCT targets for Kenya (1.2 million). The expansion of the scope of services to include early infant diagnosis and male involvement will be an important entry point for other members of the woman's family to be identified and linked to care and ARV treatment.

4. LINKS TO OTHER ACTIVITIES

This activity will relate to ARV services through CDC KEMRI (#6945), CDC KEMRI laboratory services (#6940), CDC KEMRI VCT (#6948), CDC KEMRI TB/HIV (#6944) and to ARV Services by the APHIA II Rift Valley (#8797). Linkages to antiretroviral treatment centers, known as Comprehensive Care Clinics (CCC), will be strengthened to ensure immediate and appropriate care for the woman, exposed infants, and family members, optimizing the utilization of complementary services created through PEPFAR funding.

5. POPULATIONS BEING TARGETED

This activity targets children under five years, adolescents of reproductive age 15-24, adults, pregnant women and people living with HIV. Health care providers including doctors, nurses, and other health care workers will be targeted for training on PMTCT using the national NASCOP CDC/WHO based curriculum.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in HIV/AIDS programming through provision of HIV counseling and testing services of pregnant women, and improved access to other HIV care programs for the HIV infected woman, her infant and other family members. It will also reduce violence and coercion through stigma at the community level.

7. EMPHASIS AREAS

This activity includes emphasis on quality assurance and supportive supervision as well as emphasis on Development of Network/Linkages/Referral Systems; Community Mobilization/Participation, wrap around programs with Food/Nutrition, PMI through distribution of insecticide treated nets at the MCH, safe motherhood through focused antenatal care, other Family planning initiatives and TB screening and referral for treatment and care

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6906

Related Activity: 14785, 14879, 14880, 14882, 14883

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20510	4239.20510. 09	HHS/Centers for Disease Control & Prevention	International Medical Corps	9075	662.09		\$330,000
6906	4239.07	HHS/Centers for Disease Control & Prevention	International Medical Corps	4234	662.07		\$100,000
4239	4239.06	HHS/Centers for Disease Control & Prevention	International Medical Corps	3256	662.06		\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14879	4090.08	6964	210.08		Kenya Medical Research Institute	\$589,786
14880	4087.08	6964	210.08		Kenya Medical Research Institute	\$3,300,000
14882	4091.08	6964	210.08		Kenya Medical Research Institute	\$2,879,695
14785	8774.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$3,050,000
14883	4086.08	6964	210.08		Kenya Medical Research Institute	\$3,050,000

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Wraparound Programs (Other)

- * Economic Strengthening
- * Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	31	False
 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results 	8,216	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	2,889	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	30	False

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Pregnant women
Discordant Couples
People Living with HIV / AIDS

Coverage Areas

Nyanza

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 305.08 Prime Partner: International Rescue Committee Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 4150.08

Activity System ID: 14840

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01

Planned Funds: \$80,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6912) and HIV/AIDS Treatment: ARV Services (#6914).

2. ACTVITY DESCRIPTION

IRC will continue to support implementation of PMTCT of HIV to the refugee population and surrounding local population in Kakuma, Lokichoggio and Kalokol areas of the Turkana district in Rift Valley Province. Though the HIV prevalence in this region is relatively lower than the rest of the country, estimated at 0-1% among women attending antenatal clinic services, the area is greatly underserved. Turkana district is an arid, vast and remote land with poor infrastructure, limited social services and high poverty rates. The total population of the target area is 271,000 people (of which 91,000 or 34% are refugees). IRC is one of the very few agencies working towards enabling this community to access HIV care and support services. In FY 2008, the program will continue supporting implementation of PMTCT services in the current four facilities, and will provide HIV counseling and testing to 3,739 pregnant women and provide a complete course of antiretroviral prophylaxis to 48 HIV positive women. IRC will continue to strengthen follow up and care of the HIV infected-exposed mother infant- pairs through the Comprehensive PMTCT framework, and will continue to support improved service delivery data management in line with the standardized Ministry of Health (MOH) reporting tools. IRC supports the implementation of PMTCT activities as part of the Comprehensive HIV/AIDS prevention and care program in Kakuma Refugee Camp under the umbrella of the UNHCR, and works with the local African Inland Church in the expansion of services to the local community. Using this platform, the program will continue to support the follow up of HIV-positive women and their infants in the postnatal period through strengthening postnatal care services at facility level to include improved access to Family Planning services. The current package of care for the mother includes regular follow up, linkage to family planning services, OI prophylaxis and counseling on correct infant feeding practices; infant additional care activities include OI prophylaxis using Co-trimoxazole starting at six weeks of age, and DBS for HIV-PCR (Early Infant HIV Diagnosis-EID). The program will target 39 HIV exposed infants for DBS, and will work with the HIV/AIDS treatment program to ensure linkage to pediatric HIV care services for all eligible infants. The program will support the training of 50 service providers on PMTCT including lay counselors and Community Health workers.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to PEPFAR goals for primary prevention and care by contributing 0.3% of overall 2008 Emergency Plan targets for Kenya in meeting the health needs of women in this special group (refugee setting).

3. LINKS TO OTHER ACTIVITIES

This activity links to IRC activities in HIV ART and care services (#6914), Counseling and testing services (#6912) and Palliative Care: TB/HIV care services. The program will establish clear linkages to ensure that all HIV-positive pregnant women and HIV infected infants' access HIV care and treatment services, as well as access TB screening services and treatment where eligible. The program will also encourage male partner testing and will work with CT services to achieve this objective.

4. POPULATIONS BEING TARGETED

This activity targets children under five years, Adolescents aged 15-24, adults, discordant couples, people living with HIV/AIDS, pregnant women, and refugees/internally displaced persons.

5. EMPHASIS AREAS /KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in HIV/AIDS programs through providing PMTCT of HIV services to pregnant women and their partners. This activity also includes emphasis on In-service training, Family planning and safe motherhood by addressing the reproductive health needs of women accessing PMTCT services.

6. COVERAGE AREA

The geographical focus for this activity is the Kakuma Refugee Camp and selected Faith based facilities in the surrounding region of Turkana District in Rift Valley Province.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6911

Related Activity: 14844, 14845, 14846

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20515	4150.20515. 09	HHS/Centers for Disease Control & Prevention	International Rescue Committee	9076	305.09		\$300,000
6911	4150.07	HHS/Centers for Disease Control & Prevention	International Rescue Committee	4235	305.07		\$50,000
4150	4150.06	HHS/Centers for Disease Control & Prevention	International Rescue Committee	3225	305.06		\$30,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14844	12458.08	6956	305.08		International Rescue Committee	\$50,000
14845	4774.08	6956	305.08		International Rescue Committee	\$200,000
14846	4809.08	6956	305.08		International Rescue Committee	\$350,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- Human Capacity Development
- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Family Planning
- * Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	4	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	3,739	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	48	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	50	False

Indirect Targets

Target	Popul	lations
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General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
Pregnant women	
Discordant Couples	
People Living with HIV / AIDS	
Refugees/Internally Displaced Persons	

Coverage Areas

Rift Valley

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 353.08 Prime Partner: Internews

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 4173.08

Activity System ID: 14847

Mechanism: TBD

USG Agency: U.S. Agency for International Development Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01

Planned Funds: \$110,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This Internews/Local Voices PMCT activity relates to activities in HIV/AIDS Treatment: ARV Services (#6915), Policy Analysis and Systems Strengthening (#6918), and Orphans and Vulnerable Children (#9076), Counseling and Testing (#6917), and Medical Transmission/Blood Safety (#8705).

2. ACTIVITY DESCRIPTION

The 2003 DHS survey found that only a third of women in Kenya know that the risk of HIV transmission can be reduced by the mother taking drugs during pregnancy. It also found that few women (40%) deliver in a health facility. It did, however, find that there are mass media communications channels available to reach women. Over 80% of households own a radio (and 19% a television, up from 13% in 1998). Almost 20% of Kenyan women watch TV weekly, increasing to 59% in urban areas, and 75% listen to the radio at least once a week. Media can be a powerful force in raising awareness, building knowledge and influencing public opinion. USAID's Local Voices project, implemented by Internews Network, is increasing the use of these mass media channels to disseminate information about prevention and care and supporting radio journalists in HIV reporting of such issues as PMTCT. Since June of 2004 it has conducted two workshops for eight and seven radio journalists on PMTCT issues as well as two training session in effective media relations for eight and 12 NGOs working with PMTCT related issues. These training sessions resulted in 29 radio features about PMTCT in FY 2006 alone. In 2008, Internews will conduct similar courses for television staff. They will conduct seminars and follow-up assistance for TV journalists to help them produce higher quality stories on PMTCT. Through training and a media resource center, better knowledge of PMTCT issues by journalists and talk show hosts can dispel rumors, misinformation, and increase demand for PMTCT services. By training four TV journalists and four camera operators, at least eight features on primetime TV will reach 4.5 million viewers, increasing demand for PMTCT services. Significant changes from the 2007 COP will include a Training of Trainers (TOT) program for six long-term media trainers with a focus on those in academic institutions such as the Kenva Institute for Mass Communications. This TOT will train lectures, incorporating coverage of PMTCT issues into on-going curricula. Internews will also hold a radio workshop for eight journalists resulting in at least 16 stories on PMTCT. The training program will be supported by on-going mentoring as well as four travel grants, two for TV and two for radio journalists. Internews will host a one week seminar for 10 officials from the various sectors working in PMTCT related issues. It will also link up these officials with the trained journalists for effective media involvement in awareness and advocacy in PMTCT issues.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Internews PMTCT activities country wide will significantly contribute to PEPFAR's goals for both primary prevention and care by reaching about 4.5 million people. Planned activities will improve equity in access to HIV prevention and care services by raising awareness and increasing demand.

4. LINKS TO OTHER ACTIVITIES

This INTERNEWS/Local Voices PMTCT activity relates to activities in HIV/AIDS Treatment services (#6915), Policy Analysis and Systems Strengthening (#6918), and Orphans and Vulnerable Children (#9076), Counseling and Testing (#6917), and Blood safety (#8705). PMTCT services include counseling and testing which is largely diagnostic, provision of ARV prophylaxis, and appropriate referrals for the management of opportunistic infections.

5. POPULATIONS BEING TARGETED

This activity targets adults of reproductive health age, pregnant women, family planning clients, their spouses, the youth and the media. It's hoped that after these targeted messages are heard, people who would have otherwise felt uncomfortable to seek treatment and care will do so, thus increasing access for all communities. BCC activities will also involve community leaders and community based organizations to increase demand for services amongst community members. Strategies to improve quality of services will target Ministry of Health staff, doctors, nurses, midwives and other health care workers such as clinical officers and public health officers in both public and faith based facilities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Women have the highest HIV burden both through infection and as care givers. This activity will increase gender equity in programming through working in the print and electronic media and partnering with health care workers, other donors and health care facilities in the design of community mobilization approach. The behavior change communication (BCC) activities will promote a family approach to PMTCT and letting women know where to get PMTCT services will give them an opportunity to access care and improve pregnancy outcomes for themselves, their spouses and their infants. It will also address male norms, encourage male participation and help reduce stigma and discrimination. Increased availability of PMTCT messages will help reduce stigma, dispel rumors and misinformation and increase demand for PMTCT services at community and facility level.

7. EMPHASIS AREAS

This activity includes emphasis on human capacity development, information, education and communication and local organization capacity development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6916

Related Activity: 14848, 14849, 14850, 14852, 14851

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20524	4173.20524. 09	U.S. Agency for International Development	Internews	9077	353.09	Voices in Health	\$110,000
6916	4173.07	U.S. Agency for International Development	Internews	4236	353.07	Local Voices	\$110,000
4173	4173.06	U.S. Agency for International Development	Internews	3234	353.06	Local Voices	\$110,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14848	8705.08	6957	353.08	TBD	Internews	\$150,000
14849	9076.08	6957	353.08	TBD	Internews	\$100,000
14850	4174.08	6957	353.08	TBD	Internews	\$200,000
14851	4172.08	6957	353.08	TBD	Internews	\$400,000
14852	4175.08	6957	353.08	TBD	Internews	\$300,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Indirect Targets

Target	Popu	lations
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General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 2328.08 Prime Partner: IntraHealth International, Inc

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 8647.08

Activity System ID: 14853

Mechanism: Capacity Project USG Agency: U.S. Agency for International Development Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01

Planned Funds: \$600,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This project links with hundreds of health service delivery sites across the country in order to meet PEPFAR targets in those areas. It also links to the Capacity Project in other program areas such as ARV Services (#6919), Laboratory Infrastructure (#6920), and Systems Strengthening (#8693).

2. ACTIVITY DESCRIPTION

Emergency Hiring Plan (EHP): This project will assist in providing critical human resource management support to ensure increased service delivery for realization of health outcomes with specific emphasis on HIV/AIDS services at recipient sites. The availability and retention of trained health personnel, particularly in the public health sector, is the cornerstone of Kenya's response to the health needs of the country and its response to the HIV/AIDS epidemic. Currently, Kenya's public health sector and not-for-profit health organizations are overwhelmed by the strain of coping with HIV/AIDS prevention, treatment, care and support in addition to other priority health services. Their human resource systems are also unable to keep up with requirements for HIV/AIDS program planning, management and implementation. This ground breaking emergency hiring and training program seeks to increase resources in qualified human capital that will be made available to Kenya's public health sector. In areas where the bulk of health care services including ARVs are provided by facilities managed by faith-based organizations and where they are clearly faced with staffing shortages, the program has attracted and deployed health workers in such facilities. Specifically, this initiative will enhance the capacity of the public health sector in Kenya to initially expand access to treatment and care for HIV/AIDS patients and also strengthen the provision of quality health programs especially in rural priority posts. The project shall consider various approaches that hold promise for enhancing and sustaining the local health workforce both in the short and long term. As such, this initiative should be envisioned as a strategic and humanitarian intervention in a setting that currently lacks sufficient and adequately qualified health workers to mount an effective counterattack on HIV/AIDS and continue to provide other essential health services at the same time. All the available evidence seems to suggest that without such reinforcement of critical cadres of human resources for health, PEPFAR as well as the Ministry of Health's ambitious coverage and treatment targets for Kenya will be difficult if not impossible to achieve. The objectives of this emergency hiring plan are: 1) to develop and implement a fasttrack hiring and deployment model that will mobilize 830 additional health workers and deploy them in the public sector to urgently tackle the HIV/AIDS crisis; 2) to develop and implement an accelerated "crash training program" that will rapidly address the gaps in skills and competencies for the new hires; and 3) to design and implement a monitoring, quality assurance and support system that will enable health care workers by site to increase their efficiency and effectiveness. After the successful recruitment and deployment of 830 health providers to government and faith-based facilities in 2008/9 on three-year contracts, this project will, in 2008/9, support the management of the new hires to fill critical gaps in HIV/AIDS services. This includes support to facilities providing PMTCT services, and PMTCT clinics. The PMTCT program area will support 58 nurses. Capacity will document and develop tools and initiatives that will improve job satisfaction, supervision systems and retention for the new hires. The new hires' salaries have been matched with Ministry of Health salaries by position and qualification and Capacity, through its improved administration system, will continue to ensure the timely monthly payment of each hire until the end of their three-year contract. In addition, the project will strengthen on-site monitoring and supervision through its Workforce Mobilization Program which seeks to make simple, cost-effective changes to the workplace that improve supervision, monitoring, and staff morale.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Capacity Project supports GOK and Mission service-delivery sites across the country by ensuring they have the qualified staff they need to meet the patients' needs. The project maintains 830 health care providers at facilities across the country, develops on-site supervision, and is working nationally to make these system improvements sustainable. 58 nurses will be supported under PMTCT.

4. LINKS TO OTHER ACTIVITIES

This project links with hundreds of health service delivery sites across the country in order to meet PEPFAR targets in those areas. It also links to the Capacity Project in other program areas such as ARV services, Lab Infrastructure, and Systems Strengthening.

5. POPULATIONS BEING TARGETED

This project targets health care providers in the public sector, in particular nurses at facilities that provide PMTCT.

6. KEY LEGISLATIVE ISSUES

Through the emergency hiring plan, staff hired will help address gender equity in HIV programming and improve service delivery to pregnant women, their infants and spouses. The staff hired will also help address male norms that often hinder access to critical services by women.

7. EMPHASIS AREAS

The major emphasis area for this project is Human Resources. The minor emphasis area is on Quality Assurance and Supportive Supervision. The project, in managing EHP staff, seeks to improve on-site supervision quality through its Workforce Mobilization Program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8647

Related Activity: 14854, 14855, 14856

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20534	8647.20534. 09	U.S. Agency for International Development	IntraHealth International, Inc	9078	2328.09	Capacity Project	\$500,000
8647	8647.07	U.S. Agency for International Development	IntraHealth International, Inc	4237	2328.07	Capacity Project	\$600,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14854	4316.08	6958	2328.08	Capacity Project	IntraHealth International, Inc	\$5,500,000
14855	5361.08	6958	2328.08	Capacity Project	IntraHealth International, Inc	\$750,000
14856	8693.08	6958	2328.08	Capacity Project	IntraHealth International, Inc	\$1,665,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Target Populations

General population Adults (25 and over) Men Adults (25 and over) Women Other Pregnant women Discordant Couples People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7792.08 Prime Partner: Christian Reformed World Relief Committee

Funding Source: Central GHCS (State)

Budget Code: MTCT Activity ID: 17536.08

Activity System ID: 17536

Mechanism: New Partners Initiative

USG Agency: U.S. Agency for International Development Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01

Planned Funds: \$0

Activity Narrative: THIS IS A NEW ACTIVITY.

1. LIST OF RELATED ACTIVITIES

CRWRC's activities in the program area of PMTCT are closely related to a great degree with CRWRC's activities in the Counseling and Testing program area, since the health facilities providing PMTCT services will also be providing counseling and testing services.

2. ACTIVITY DESCRIPTION

In partnership with three faith-based organizations in Kenya, namely; Western Region Christian Community Services, an agency of the Anglican Church of Kenya, will implement the program in all eight districts of the Western Province. KAMATAKIMO, which is also an agency of the Anglican Church, will target Kitui and Mwingi districts in Eastern Province. Plateau Mission Hospital, an agency of the Reformed Church of East Africa, will target Uasin Gishu district in Rift Valley Province. Christian Reformed World Relief Committee (CRWRC) will equip 26 health facilities during FY 2008 to provide a minimum package of PMTCT services. These health facilities will be selected based on a review of existing health facility assessment data and with the intention of filling service gaps.

This program has the following components; firstly, the 26 service outlets will be refurbished and/or equipped in ways that may include repair of roofing; reconnecting water; fixing gutters for rain water collection; and acquisition of examination room tables, chairs, charts, scales, HIV/AIDS reference manuals, posters, and other similar supplies. Refurbishing and equipping the facilities, along with retraining health personnel are needed to assist many local health facilities to be able to provide the minimum package of PMTCT services, including counseling and testing for pregnant women, ARV prophylaxis to prevent MTCT, counseling and support for safe infant feeding practice, and family planning counseling or referral.

Secondly, certified trainers from the Ministry of Health and the Kenya Institute of Professional Counselors will provide on-the-job training to 283 community-based health workers at the identified health facilities. Training will be provided to them in their own districts and sub-locations using the National Guidelines for CT training in Kenya. The counseling portion of the training will be done through an intensive five-day training workshop. After the training, the health workers will receive ongoing supervision from district-level Ministry of Health (MOH) officers.

This activity will target pregnant women and newborns residing in the poor, rural communities located near the newly refurbished and equipped health facilities and encourage them to access the comprehensive antenatal services, which will include counseling and testing for HIV and other PMTCT services. The activity will also seek to educate men on the topic of PMTCT and encourage their participation at their partners' prenatal check-ups. Men will be targeted through existing community groups such as local men's groups in the barazas or through church groups like the Kenya Anglican Men's Association. The review of existing KAP data and barrier analysis will inform the process of designing the behavior change activities and messages related to PMTCT.

Thirdly, at least 530 pregnant women will be provided with counseling and testing services and will receive their test results from health facilities operated directly by CRWRC's local partners. Of these, it is expected that 100 will be provided with a complete course of antiretroviral prophylaxis – which may include the following regiments; Nevirapine, Lamivudine, Azidothymidine or Zidovudine – these are provided to health centers certified by the Ministry of Health. Another 520 will be referred to other health facilities that offer the minimum package of PMTCT services. Community health workers will be trained to make these referrals. These 283 community health workers will target women with the least knowledge of PMTCT and their male partners at antenatal check-ups and during bi-weekly house-to-house visits.

3. CONTRIBUTIONS TO OVERALL PROGRAM

This activity will contribute toward the 5-year target of preventing 7 million new infections by preventing the transmission of the virus from mother to child. By assisting 26 health facilities to upgrade their PMTCT facilities and by providing critical training for 283 community health workers in the delivery of PMTCT services, CRWRC and its partners will build local capacity in the area of referral and tracking of PMTCT recipients for long-term prevention programs. Knowledge about mother to child transmission of HIV is very low among rural and disadvantaged people in Kenya. Using behavior change communication to encourage pregnant women and their sexual partners to be tested will create demand for the services in an area where so far only a small percentage of pregnant women are using PMTCT services.

4. LINKS TO OTHER ACTIVITIES

A major priority will be for CRWRC and its partners to collaborate with other pre-existing HIV/AIDS service providers in all three working areas so that the CRWRC NPI program can be linked to services offered by these organizations. CRWRC and its partners have already begun this networking process by initiating communication with PATH, Family Health International, and JHPIEGO, which are the three agencies implementing APHIA II in the same provinces that CRWRC and its partners are targeting under the NPI program. CRWRC and its partners will develop a system for tracking and following-up on referrals for PMTCT.

5. POPULATIONS BEING TARGETED

In partnership with three faith-based organizations in Kenya, CRWRC will scale up PMTCT services in all eight districts of the Western Province, Kitui and Mwingi districts in Eastern Province, and Uasin Gishu district in Rift Valley Province.

Pregnant women aged 15-49 and their husbands or partners (males 15 and over) will be targeted by community-based health workers during antenatal check-ups and bi-weekly house-to-house visits. Pregnant women will be encouraged to seek counseling and testing for HIV within comprehensive antenatal services. Husbands or partners will also receive counseling to allow their wife or partner to be tested for HIV and will be sensitized on the need for the wife or partner to deliver her baby in a health facility. Pregnant women who are HIV+ will be treated with a full course of ARV prophylaxis or referred to another health facility where treatment can be obtained.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues are included in the emphasis areas described in section 7 below.

Activity Narrative:

7. EMPHASIS AREAS

CRWRC and its partners will address gender in the PMTCT program area by addressing male norms and behaviors regarding HIV counseling and testing and not preventing their female partners from accessing other needed antenatal health services. CRWRC and its partners will also focus on human capacity development through a five-day in-service training of clinic-based health workers in counseling and testing for pregnant women. CRWRC and its partners will also work with health facility workers and community health volunteers to develop a health worker and volunteer retention strategy that aims at enabling health worker develop an action plan to recognize the roles played by volunteers in the program and enables health workers to develop activities towards volunteer recognition. Other emphasis areas to be addressed by this program area include CRWRC's on-going local organization capacity building of the three partner organizations and coordination of the health management information system for tracking referrals of HIV+ pregnant women for ARV prophylaxis. This program area is funded through the New Partner Initiative.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14797, 17553, 14861

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14797	8733.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$3,000,000
14861	8752.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,300,000
17553	17553.08	7792	7792.08	New Partners Initiative	Christian Reformed World Relief Committee	\$0

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

- Training
- *** In-Service Training
- * Retention strategy

Local Organization Capacity Building

New Partner Initiative (NPI)

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	26	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	530	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	100	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	283	False

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Pregnant women
Discordant Couples
People Living with HIV / AIDS
Religious Leaders

Coverage Areas	
Eastern	
Rift Valley	
Vestern	

Mechanism ID: 3465.08

Prime Partner: National AIDS & STD Control Program

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 17518.08

Activity System ID: 17518

Activity Narrative: PHE Continuing Study

Project Title: Integration of medical services for HIV-exposed infants into routine immunization services: a pilot project and evaluation

This is part of a multi-country study, include Zimbabwe. Proposal has been modified to fit in the Kenyan context.

Name of Local Co- Investigator: KEMRI and CDC-Kenya staff

Project Description:

This project evaluates two main questions 1) impact of integration of HIV and EPI services on the percentage of HIV-exposed infants that receive appropriate follow-up care, an initial EPI visit and linkage to care and treatment and 2) impact of integration of HIV and EPI services on vaccine coverage in the district. HIV exposed infants will be identified in selected routine immunization services in Kenya when they come for routine immunization and growth monitoring from 6 weeks of age.

Timeline: FY 2008 = Year 2 of activity Year started: 2007 Expected year of completion: 2008

Funding: Funds received to date: \$ 200,000 Funds expended to date: \$0 Still in protocol clearance phase.

Funds requested to complete the study: FY 08: \$ 200,000

Beyond FY08: Nil

Describe funds leveraged/contributed from other sources: NIL.

Status of Study:

Protocol is developed, is currently under scientific review for NRD. Once cleared and NRD obtained and funds released we move to the next step: Meeting stakeholders, visiting study sites and recruiting project assistants.

Lessons Learned:

While it takes time to develop a proposal and get started with a project, proposed project interventions gradually become routine medical interventions and the PHE can be easily overtaken by events. Job aids already developed which will be useful in this project include National Algorithm for early infant diagnosis and combined Mother/Child Screening Card.

Information Dissemination Plan:

Once project complete, data analyzed and conclusions derived, the outcome of this study will be made known to the Ministry of Health and to CDC, and recommendations used to advise policy on service delivery.

Planned FY08 Activities:

- Debriefing: meeting to discuss survey and any preliminary results
- Data entry/cleaning
- Data analysis, coverage report and manuscript writing.

Budget Justification for Year 2 Budget (USD):Salaries/ fringe benefits:\$106,000Equipment:\$10,000Supplies:\$30,000Travel:\$15,000Participant Incentives:\$12,000Laboratory Testing:\$25,000Other/Miscellaneous:\$2,000

\$200,000

HQ Technical Area:

Total:

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$200,000

Continuing Activity:

Related Activity: 14875, 14881

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14875	4095.08	6964	210.08		Kenya Medical Research Institute	\$1,578,138
14881	4093.08	6964	210.08		Kenya Medical Research Institute	\$0

Emphasis Areas

PHE/Targeted Evaluation

Wraparound Programs (Health-related)

* Child Survival Activities

Food Support

Public Private Partnership

Target	Popul	lations
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General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas		
Central		

Nyanza

Prime Partner: Mothers 2 Mothers

Funding Source: Central GHCS (State)

Budget Code: MTCT Activity ID: 17560.08 Activity System ID: 17560 USG Agency: U.S. Agency for International Development Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01 Planned Funds: \$0

Activity Narrative: THIS IS A NEW ACTIVITY.

1. ACTIVITY DESCRIPTION

With PEPFAR New Partners Initiative's (PEPFAR-NPI) support, mothers2mothers (m2m) will increase the effectiveness of PMTCT services through a comprehensive program of facility-based, peer education and psychosocial support for pregnant women, new mothers and caregivers living with HIV/AIDS in Kenya. There are four components to the activity that contribute to support of PMTCT: curriculum-based training and education programs; psychosocial support and empowerment services; programs to increase uptake for counseling and testing; and bridging services linking PMTCT treatment and care to anti-retroviral treatment (ARV) and other health services. The first component is training. FY 2008 PEPFAR funding will be used to deliver a comprehensive curriculum-based training for approximately 108 m2m paid site staff, Site Coordinators (SC) and Mentor Mothers (MM), (all of whom are PLWHA) who will provide education programs designed to improve PMTCT outcomes of pregnant women and new mothers with HIV and AIDS. The training curriculum given to m2m staff provides guidance about PMTCT and ARV treatment, as well as disclosure, safer feeding options, family planning, nutrition, couples counseling, and prevention guidance for these PLWHA and their partners. Annual trainings are given to all staff, inclusive of new staff and retraining for existing staff (two weeks for MM and three weeks for SC). m2m does not provide formal training on direct PMTCT service provision for healthcare providers, including doctors and nurses. The second component is providing psychosocial support and empowerment programs to HIV-positive pregnant women and new mothers to improve pediatric and maternal outcomes. PEPFAR funding will be used to provide individual and group psychosocial support and empowerment programs for pregnant women and new mothers with HIV/AIDS to help issues including stigma and discrimination, disclosure, reducing risky behavior and pediatric support. The outcome of both group and individual support is knowledge transfer around issues that women living with HIV and AIDS face in navigating the PMTCT process. Another outcome is empowering the women to focus on and take responsibility for the health of their babies, and their own health. Nutritional education and support is also part of the program; and there is a provision for specific support programs for the m2m staff. The third component is increasing PMTCT services through encouragement of HIV testing and uptake of prophylaxis for PMTCT. PEPFAR funds will help m2m staff work as part of the antenatal care team at facilities in Kenya. In this role, the m2m staff focuses on increasing counseling and testing uptake by working with women like themselves and drawing on their training and their own personal experience. The program also encourages pediatric counseling and testing efforts by counseling women to return to clinics post-delivery to test their infants, supporting the women in the post-delivery period, and providing information about pediatric treatment programs. The fourth component is assisting HIV-positive women to access linkages and referral systems to bridge PMTCT and other health services. In active collaboration with local and provincial health officials, PEPFAR funding will be used to link women and infants with AIDS defining conditions to ARV therapy programs, and to refer all ante/post natal women to clinics providing wellness care for themselves and their infants. While m2m does not provide formal referrals for healthcare, the staff is well informed about where services are available and can inform women about how to access both medical and social services.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

All activities, which began in 2007, have been and will continue to be coordinated with local PMTCT service providers and their partners and will also be carried out in conjunction with provincial, district and municipal health authorities. The program implementing partner is Catholic Medical Mission Board (CMMB), an international NGO. Implementation will be facilitated through CMMB's relationships with its partner organizations, the Christian Health Alliance for Kenya (CHAK) and the Kenya Episcopal Conference (KEC) for in-country program implementation. The above results contribute to the PEPFAR 2-7-10 goals by increasing the number of women cared for by PMTCT programs; by improving prevention (PMTCT) outcomes, thus reducing the number of infected children; and by increasing the number of pregnant women, new mothers, and infants receiving treatment by providing a referral system from PMTCT to ARV services. As providers of indirect services to established PEPFAR supported PMTCT programs; with PEPFAR-NPI funds m2m and CMMB will strengthen and enhance PMTCT services at 6 sites in Central Province (Kiambu District) and Nairobi Province (district to be determined) and initiate service in 30 additional sites in: Southern Rift Province (Nakuru District, around Lake Naivasha); Nyanza Province (district TBD) and Coastal Province (district TBD). As an indirect service provider, m2m will report indicators and set targets that demonstrate the outcomes of the program. PEPFAR PMTCT indicators will be collected; however these numbers will duplicate those reported by the direct PEPFAR service provider at the site. Additional targets that measure the work and impact of the m2m program specifically will be reported in addition, including the number of new women who received m2m health talks in clinic waiting rooms; the number of HIV-positive women who received services from m2m; the number of return visits to m2m; as well as additional indicators that m2m is working to formulate in coordination with the NPI secretariat in Washington DC Targets for the number of women receive m2m services have not been formulated as site selection for FY 2008 has not taken place and estimates cannot be made. Targets for the PEPFAR PMTCT indicators (counseling and testing / ARVs for PMTCT), cannot be established until site selection is complete.

3. LINKS TO OTHER ACTIVITIES

In support of PMTCT services, m2m provides linkages to other critical components of HIV care and prevention efforts. The program works directly with Counseling and Testing (VCT) programs by encouraging women to learn their HIV status during pregnancy. m2m also provides women with information about programs that provide treatment with ARVs (ART) for pregnant women who are eligible during pregnancy. The program also helps increase uptake of infant testing by educating and encouraging women to bring their babies back after delivery for HIV tests and bactrim prophylaxis. By encouraging behaviors that can help mothers sustain their well-being, the program aims to reduce the potential that children could become Orphans and/or Vulnerable Children (OVC).

4. POPULATIONS TARGETED

The specific target populations that benefit from the m2m package of care at PMTCT services sites include the pregnant women, primarily HIV-positive pregnant women who receive m2m educational and psychosocial support; people living with HIV/AIDS (PLWHA) which includes both the women who receive the services and the HIV-positive women who are employed by the program. The HIV-exposed infants who are born to the women who receive m2m services are also beneficiaries of the m2m program activities.

5. EMPHASIS AREAS/KEY LEGISLATIVE ISSUES

The primary emphasis areas for these activities are Human Capacity Development (IST); and Local

Activity Narrative: Organization Capacity Development and Sustainability. Key legislative issues addressed include Prevention with Positives, Reducing Stigma and Discrimination; Care for Caregivers and support of PLWHA.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
 1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards 	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Central Coast Nairobi Nyanza Rift Valley	Coverage Areas			
Nairobi Nyanza	Central			
Nyanza	Coast			
	Nairobi			
Rift Valley	Nyanza			
	Rift Valley			

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 303.08

Prime Partner: University of Nairobi

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 17822.08

Activity System ID: 17822

 Mechanism:
 Department of Obstetrics and Gynecology

 USG Agency:
 HHS/Centers for Disease Control & Prevention

 Program Area:
 Prevention of Mother-to-Child Transmission (PMTCT)

 Program Area Code:
 01

 Planned Funds:
 \$150,000

Activity Narrative: PHE CONTINUING STUDY:

Project Title (This is part of a multi-country study with other sites in Zambia and Thailand): Effectiveness of non-nucleoside reverse transcriptase inhibitors-containing HAART in women with prior exposure to nevirapine for PMTCT (NRS PROJECT)

Name of Local Co- Investigator: CDC Kenya and University of Nairobi

Project Description:

This project evaluates the response to non-nucleoside reverse transcriptase inhibitors (NNRTI)-containing HAART (i.e. Nevirapine or Efavirenz) among women over 18 years who have been exposed to single-dose nevirapine for PMTCT versus non-exposed women. The project is part of a multi-site prospective observational cohort study being carried out in the comprehensive care center at Kenyatta National Hospital in Kenya. The project is expected to inform program implementation to guide decisions on management of women who after receiving single-dose nevirapine for PMTCT require treatment with HAART.

Timeline: FY 2008 = Year 3 of activity Year started: 2006 Expected year of completion: 2010

Funding: Funds received to date: USD 400,000.00 Funds expended to date: USD 243,000.00

Funds requested to complete the study: FY 08: USD 150,000 Beyond FY 08: USD 300,000

Describe funds leveraged/contributed from other sources: There were no funds which were received from any other source. However, Kenyatta National Hospital provided the facilities and support staff for the study.

Status of Study:

Recruitment of the participants was completed by January 2007. A total of 229 women have been seen in the study clinic, 187 (82%) consented for screening, 157 (84%) of the screened were eligible and 152 (97%) of the eligible were enrolled. Currently 22 participants have completed the study, 111 are continuing with follow up, 3 have been lost to follow up and 17 have died. Under the current protocol the last participant is expected to be seen in March 2008. Of 113 patients evaluated at 6 months 12 (11%) have had treatment failure.

Lessons Learned:

1. Preliminary results do not indicate a higher than expected rate of treatment failure in this population

2. Treatment failure is captured earlier with use of viral load

3. Mortality rate is high in patients initiating treatment late in the disease stage particularly in the first month after initiating treatment

4. Women identified in PMTCT programs maybe accessing ART at an earlier disease stage

5. Poor adherence is a common reason for treatment failure

Information Dissemination Plan:

The results of the study will be published in a peer reviewed journal. Furthermore, the findings will be presented in national, regional and international conferences and seminars by the investigators.

Planned FY 08 Activities:

Continue follow up to of this well described cohort for 3 more years to determine

1. Clinical and virologic failure rates of first and second line HAART regimens

Frequency and patterns of drug toxicity and their impact on adherence and regimen durability
 Reproductive health decisions and outcomes of the women on HAART including contraception, pregnancy, and abnormal cervical cytology

Budget:

 Salaries:
 \$74,623.60

 Fringe benefits 25% of Salary:
 \$18,655.90

 Supplies:
 \$19,560.00

 Study tests:
 \$27,500.00

 Participant fare reimbursement:
 \$4,800.00

 Post test support clubs:
 \$2,160.00

 Others:
 \$7,500.00

 Total costs:
 \$150,000.00

Budget Justification for FY2008

The budget is prepared according to local costs of materials and equipment. Salaries have been calculated in accordance with annual salaries for personnel involved in the programme.

Salaries and fringe benefits:

In project leadership the principal investigator will oversee protocol review and implementation and supervise all data collection, entry and analysis procedures in the site. The co-investigators, will assist in protocol review and personnel administration.

In administration the administrator will liaise with the University of Nairobi on personnel and financial matters, while the accountant will keep records of financial transactions, prepare financial reports and ensure procurement procedures.

Activity Narrative:	The research clinic will be ran by the research doctor, research nurse, clinical officer, and a research receptionist who will be responsible for clinical care of study participants, conduct of research procedures and retention of participants.
	The laboratory manager and laboratory technician will be responsible for day-to-day running of the laboratory, overall maintenance of laboratory equipment, ordering laboratory supplies, archiving and shipping of specimens.
	Data management will be led by the data manager and the M&E/IT manager who will be responsible for creating data bases, data entry and cleaning.
	Supplies: Stationery, office utilities, clinic supplies and laboratory consumables will be used to carry out daily activities of the study
	Study tests: Tests including viral load, full haemogram, liver function tests, renal function tests and CD4 counts will be carried out for study purposes
	Participant fare reimbursement: Participants will be reimbursed fare as approved by the Kenyatta National Hospital ethics and research committee whenever they make scheduled study visits
	Post test support clubs: These will be held monthly for enrolled participants to promote retention
	Others: Communication costs will include telephone and internet to communicate between the administrative office, clinic and laboratory. Office rent will be paid for the program office from where all activities will be coordinated. Office utilities will include electricity and water charges for the program office The UON will operate specific accounts for the program funds, conduct internal audits annually and provide quarterly financial reports. Department of obstetrics and gynecology will Provide teaching aids, training equipment, materials and training venues. KNH will waive consultation fees for participants who are not able to afford.
HQ Technical Area:	
New/Continuing Activity:	New Activity
Continuing Activity:	
Related Activity:	15033

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15033	4147.08	7017	303.08	Department of Obstetrics and Gynecology	University of Nairobi	\$1,100,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
 1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards 	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Target Populations

General population

Ages 15-24

Women

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Nairobi

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 288.08

Prime Partner: University of California at San Francisco Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 17821.08

Activity System ID: 17821

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$100,000

Activity Narrative: PHE CONTINUING STUDY:

Project Title: INTEGRATION OF HIV CARE AND TREATMENT INTO MCH IN MIGORI DISTRICT, KENYA

Name of Local Co- Investigator: DR. ELIZABETH A. BUKUSI (UCSF, KEMRI)

Project Description:

This study seeks to determine the most effective way to provide pregnant women with high quality HIV care and treatment. Twelve UCSF FACES-supported clinics in Migori District have been randomly assigned to intervention or control. At intervention clinics, women receive ANC, PMTCT and HIV care (including HAART if required) at the same visit from the ANC provider. At control clinics, women receive ANC and PMTCT, with referral to a separate HIV unit. Outcomes, including vertical transmission, changes in CD4 count, uptake of infant HIV testing, and enrollment into HIV care, will be compared for women who attend intervention versus control facilities.

Timeline: FY 2008 = Year 2 of activity Year started: Year 1 award funding cycle began April 2007 Expected year of completion: 2009

Funding: Funds received to date: \$95,944 – not yet received (pending IRB approval) Funds expended to date: Expenses to be charged once funds are received.

Funds requested to complete the study: FY 08: 100,000 Beyond FY08: TBD

Describe funds leveraged/contributed from other sources:

This study will benefit from funds allocated for two other studies: "The Effects of HIV/AIDS Stigma on Use of Services by Pregnant Women in Kenya", a 5-year study (2007-2012) funded by the U.S. National Institute of Mental Health (NIMH) (PI: Janet Turan). "The Demand for Family Planning Services Among HIV-infected Individuals Receiving Care and Treatment in Nyanza Province", a 2-year Public Health Evaluation (2007-2009) funded by the CDC.

Status of Study:

The FACES/research team began preparatory activities, including training to strengthen HIV services for pregnant and postpartum women and enhancements to the patient medical record systems, in Migori District in June 2007, but no women have yet been enrolled in the study. The study has been approved by the UCSF Committee on Human Research, as well as the KEMRI SC and SSC. We are awaiting news from the KEMRI ERC regarding ethical approval.

Lessons Learned:

• Strong mutual support and cooperation between program and study activities has been a great benefit to the study progress.

• There is a need to plan separate funds for study trainings. Initially study site training was to be folded into program training, but schedules did not overlap.

• There is a need for designated data entry staff at study sites to strengthen the system and ensure high quality data is captured.

Information Dissemination Plan:

Throughout the study, dissemination will include monthly progress reports to each site, monthly NASCOP reporting, and quarterly PEPFAR reporting. Upon completion of the study, results will be disseminated at the district, provincial, national, and international levels and among local non governmental and faith-based organizations engaged in health care. Since the results may directly influence national policies and recommendations, results will also be shared and discussed with the PMTCT and ART technical committees, the Nyanza Provincial ART Coordinator, NASCOP, and at the weekly CDC-sponsored colloquium on HIV research in Kisumu. If results are promising, the fully integrated intervention will be implemented district-wide. At study conclusion, a manuscript will be submitted to HIV/AIDS-related publications.

Planned FY08 Activities:

Enrollment of pregnant women into the study (which entails obtaining their informed consent for abstracting their data from their medical records and following their outcomes over time) is expected to begin at clinics that are ready (have ARVs and have participated in "study activation trainings") in August-September 2007, after all necessary approvals have been obtained. Activities in 2008 will include, study activation trainings for additional sites, continued enrollment of women into the study, entry of patient medical records into PDAs by data entry clerks hired for the study, interviews with health care providers, and data management/quality control activities.

Budget Justification for FY2008 Budget (USD):

Salaries/ fringe benefits: \$74,873 Equipment: \$0 Supplies: photocopies, printing, and office supplies \$327 Travel: for investigators to conduct study oversight visits. \$10,000 Participant Incentives: n/a \$0 Laboratory Testing: n/a \$0 Other: \$5,050 Indirect costs (26%)\$9,750 Total: \$100,000

HQ Technical Area: New/Continuing Activity: New Activity Continuing Activity: Related Activity: 15023

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15023	4138.08	7011	288.08		University of California at San Francisco	\$4,930,305
Emphasis A	reas					
Gender						
* Increasing	gender equity	in HIV/AIDS progr	ams			
PHE/Targetee	d Evaluation					
Food Suppo	rt					
Public Privat	e Partnership					

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

Coverage Areas

Nyanza

Prime Partner: Program for Appropriate Technology in Health Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 17824.08

Activity System ID: 17824

USG Agency: U.S. Agency for International Development Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$200,000

Activity Narrative: PHE CONTINUING STUDY:

Project Title: Infant feeding support to PMTCT programs in Kenya

Name of Local Co- Investigator: NASCOP and APHIA II Project implementing partners

Project Description:

This project explores and develops in various settings, simple ways in which mothers can better cope with the increased nutritional, hygiene, and care needs imposed on families when breastfeeding stops. The evaluation has four main objectives: 1) Determine current practices in counseling on infant and young child feeding and care in PMTCT clinics and 2) Determine current infant and young child feeding practices and 3) Identify facilitating factors and barriers to mothers' use of optimal infant and young child feeding practices and 4) Will develop recommendations on the types and amounts of food being fed to HIV-affected children during the transition period and through 24 months.

Timeline: FY 2008 = Year 3 of activity Year started: 2006 Expected year of completion: 2008

Funding: Funds received to date: USD 400,000 Funds expended to date: USD 50,652

Funds requested to complete the study: FY 08: USD 200,000 Beyond FY08:

Describe funds leveraged/contributed from other sources: No funds have been received from any other source.

Status of Study:

The protocol for the first part of the study has been approved by the PATH IRB and is in process of being approved by the Kenyan IRB.

Lessons Learned:

There was considerable delay in obligating funds to PATH for this activity. Permission to spend COP 2006 funds was received in April 2007 and activities began promptly thereafter. Actual MAARD was not received until August 2007. The initial mechanism for COP 2006 was the Health Tech IV project. The mechanism was then switched to the Infant and Young Child Nutrition Project (IYCN) for COP 07. In COP 08 the mechanism will be the IYCN Project. IRB approval in progress. Data collection has yet to begin.

Information Dissemination Plan:

As planned under the COP 2007, the information resulting from this study will be conveyed through publications and workshops to those involved in policymaking and through training of infant feeding counselors in Kenya.

Planned FY08 Activities:

The related component included in the PATH Infant and Young Child Feeding Kenya COP 2008 submission would support any additional targeted evaluation/formative research needed to increase understanding of infant and young child feeding in the context of HIV, particularly the types and amounts of food being fed to HIV-affected children during the transition period and through 24 months. Since maintaining nutritional status is an important component of the interventions to increase HIV-free survival, and rates of malnutrition rapidly increase during the period of 6-18 months in all children, it is essential to understand the amounts and types of food being fed to children of different ages during this period (e.g., 6-9 months, 10-12 months, etc.), the energy density of the basic staple given to children and how food is being fed to children—what is usually referred to as responsive feeding. In addition, identifying barriers to HIV-positive mothers and other caregivers following optimal IYCFP would be an important element of this research.

Budget Justification for FY2008 Budget (USD): This component is included in the budget of the PATH Infant and Young Child Nutrition (IYCN) Kenya COP 2008 submission.

Salaries/ fringe ber	nefits: \$68,000
Equipment:	\$ -
Supplies:	\$ -
Travel:	\$22,000
Participant Incentiv	/es: \$ -
Laboratory Testing	:\$-
Other:	\$110,000
Total:	\$200,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14777, 14861, 14992, 14782, 14866, 14997

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14777	8734.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$650,000
14861	8752.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,300,000
14992	8738.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$2,300,000
14997	9073.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$4,400,000
14866	9041.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$5,500,000
14782	9071.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$6,150,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Ages 15-24
Men
Ages 15-24
Women
Other
Orphans and vulnerable children
Pregnant women
Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Eastern

Nyanza

Western

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 303.08 Prime Partner: University of Nairobi Funding Source: GHCS (State) Budget Code: MTCT Activity ID: 17823.08 Activity System ID: 17823 Mechanism:Department of Obstetrics and
GynecologyUSG Agency:HHS/Centers for Disease
Control & PreventionProgram Area:Prevention of Mother-to-Child
Transmission (PMTCT)Program Area Code:01Planned Funds:\$228,700

Activity Narrative: PHE CONTINUING STUDY:

Project Title: Evaluation of the Impact of the National PMTCT program in Kenya

Name of Local Co- Investigator: CDC Kenya and University of Nairobi

Project Description:

This project evaluates PMTCT services in a random sample of 2000 mother-infant pairs attending MCH clinics in Kenya. The evaluation addresses 3 main questions: 1) HIV prevalence among mothers and infants (prevention impact) and 2) availability and uptake of services (PMTCT, family planning, HIV care and treatment) and 3) impact of service delivery on HIV knowledge and risk behavior. HIV prevalence will be determined by testing maternal and infant dry-blood-spots with HIV ELISA and HIV DNA PCR, respectively.

Timeline: FY 2008 = Year 2 of activity Year started: 2007 Expected year of completion: 2008

Funding: Funds received to date: USD 400,000.00 Funds expended to date: USD 12,500.00

Funds requested to complete the study: FY 08: USD 228,700 Beyond FY 08: USD 0

Describe funds leveraged/contributed from other sources: No funds have been received from any other source.

Status of Study:

Protocol development for the study is currently ongoing.

Lessons Learned:

Pilot studies indicate that infant HIV infection rates at 9 months may grossly overestimate effectiveness of PMTCT programs due to higher mortality of HIV infected infants.

Information Dissemination Plan:

The results of the study will be published in peer reviewed journals. The findings will be presented in National, Regional and International conferences by the investigators. A stakeholders meeting is planned at the end of data collection to disseminate the study findings.

Planned FY 08 Activities:

To collect similar data from 3 communities in a high, medium and low HIV prevalence areas so as to determine the extent of bias created by using a clinic based sample:

1.Over estimation of program impact by failing to reach mothers whose infants died or are too sick to attend MCH

2.Under estimation of program impact by selecting for mother-infant pairs who likely to be seeking care due to illness

Budget (USD):

 Total salaries:\$93,360.00

 Fringe Benefits:\$23340.00

 Travel:
 \$12,000.00

 Supplies:
 \$25,000.00

 Laboratory costs:\$15,000.00
 Other costs:

 Other costs:
 \$60,000.00

 Total:
 \$228,700.00

Budget Justification for FY2008:

The budget is prepared according to local costs of materials and equipment. Salaries have been calculated in accordance with annual salaries for personnel involved in the programme.

Salaries and fringe benefits:

In project leadership the principal investigator will oversee protocol review and implementation; and supervise all data collection, entry and analysis procedures in the site. The co-investigators will assist in protocol review and personnel administration.

In administration the administrator will liaise with the University of Nairobi on personnel and financial matters, while the accountant will keep records of financial transactions, prepare financial reports and ensure procurement procedures.

In the field data collection will be done by research assistants supervised by nurse counselors. And coordinated by a field coordinator in each of the selected sites

The laboratory manager and laboratory technician, will be responsible for day-to-day running of the laboratory, overall maintenance of laboratory equipment, ordering laboratory supplies, archiving and shipping of specimens.

Data management will be led by the data manager and the M&E/IT manager who will be responsible for creating data bases, data entry and cleaning.

Travel:

Activity Narrative: This will cover the cost of travel to and from the field sites.

Supplies:

Stationery, office utilities and field supplies will be used to carry out daily activities of the study

Study tests:

Tests on maternal and infant dry-blood spots including HIV DNA PCR for exposed infants and HIV ELISA on maternal samples will be carried out for study purposes

Others:

Communication costs will include telephone and internet to communicate between Nairobi and the field sites. Office rent will be paid for the program office from where all activities will be coordinated. Office utilities will include electricity and water charges for the program office. Per diem will be paid to officers outside their duty station and funds will also used to sensitize the community on the study.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15033

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15033	4147.08	7017	303.08	Department of Obstetrics and Gynecology	University of Nairobi	\$1,100,000
Emphasis A	reas					
PHE/Targete	d Evaluation					
Food Suppo	rt					
Public Privat	te Partnership					

Target Populations

General population Children (under 5) Boys Children (under 5) Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Men Adults (25 and over) Women People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 210.08 Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 17825.08

Activity System ID: 17825

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01

Planned Funds: \$200,000

Activity Narrative: PHE CONTINUING STUDY:

Project Title: PMTCT coverage and impact assessment in the comprehensive package study in the demographic surveillance study area

Name of Local Co- Investigators: Kenya Medical Research Institute and CDC-Kenya staff

Project Description:

This project evaluates three main questions 1) current coverage and effectiveness of PMTCT programs in the study area 2) the impact of expanding PMTCT coverage and linkages into care on declines in morbidity and mortality in children < 5 and 3) cost-effectiveness of providing PMTCT to both HIV-infected and HIV-uninfected women in a population with near universal knowledge of HIV status. These questions will be investigated in a matched cluster-randomized trial with a two by two factorial design within the comprehensive package study in the demographic surveillance site in Western Kenya.

Timeline: FY 2008 = Year 2 of activity Year started: '07 SI Plus Up funding; so beginning late in '07. Expected year of completion: 2010

Funding: Funds received to date: \$0 Funds expended to date: \$0

Funds requested to complete the study: FY 08: \$200,000 Beyond FY08: \$180,000 for FY09

Describe funds leveraged/contributed from other sources:

This PHE is nested in the larger Comprehensive Package Study which is also supported by other PEPFAR-Kenya program areas. In addition, the CPS leverages the DSS which is jointly supported by several CDC Divisions through KEMRI. Through this platform, we are able to use rigorous methods to address our PMTCT program and policy questions and obtain population-level impact data at very low cost. In addition, 85,000 people will benefit from comprehensive HIV prevention, care and treatment services as part of this study.

Status of Study:

A protocol has been drafted and is being reviewed by MOH, KEMRI, CDC and other collaborators. Staffing plans and SOPs are currently being drafted. As soon as '07 Plus-Up Funding becomes available and IRB approval is finalized, baseline study implementation as well as service delivery, including home-based VCT for the whole study population, will begin.

Lessons Learned: N/A at this time

Information Dissemination Plan:

Results will be disseminated through the PMTCT Technical Working Group at the national level as well as through regional meetings for MCH and Reproductive Health providers. In addition, we will share results with PEPFAR implementing partners as well as the PEPFAR USG Kenya team.

Planned FY08 Activities:

During FY08, service delivery and evaluation will continue until the entire study population of Gem has been covered. During FY08, analysis of baseline data will allow for completion of question 1 above, e.g. a comprehensive assessment of current coverage and effectiveness of PMTCT service delivery in this rural Nyanza population. Results will be disseminated and used to inform national policy and scale-up plans as well as PEPFAR '09 planning.

Budget Justification for FY2008 Budget (USD):

Salaries/ fringe b	enefits: \$70,000
Equipment:	\$30,000
Supplies:	\$30,000
Travel:	\$20,000
Participant Incent	tives: \$ -
Laboratory Testir	ng: \$50,000
Other:	\$ -
Total:	\$200,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Ages 15-24
Women
Adults (25 and over)
Women
Other
Pregnant women
People Living with HIV / AIDS

Coverage Areas

Nyanza

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 4076.08

Prime Partner: US Centers for Disease Control and Prevention Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 17994.08

Activity System ID: 17994

Mechanism: N/A

USG Agency:	HHS/Centers for Disease Control & Prevention
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Program Area Code:	01

Planned Funds: \$153,600

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED, BUT THIS YEAR'S CDC M&S IS SPLIT BETWEEN GAP AND GHAI.

1. LIST OF RELATED ACTIVITIES This activity relates to all activities in PMTCT.

2. ACTIVITY DESCRIPTION

The CDC PMTCT program has continued to support the up scaling of PMTCT services in the country by providing technical support and guidance to the national program. Key areas of program focus include the introduction of Comprehensive PMTCT that encompass a package of care to ensure that the HIV-positive pregnant mother, her infant and family receive the full range of HIV care and treatment services as well as linkage to Family Planning services. The approach also includes a strong emphasis on primary preventionproviding skills to the mother who is HIV- to protect herself and her family from HIV infection. In FY 2008, the CDC PMTCT section will continue supporting these activities under the expanded or comprehensive PMTCT package that includes the following key components: expansion in geographic coverage in all CDC supported sites to ensure universal access to services; Integration of counseling and HIV testing of women in the antenatal clinics and maternity units; Clinical staging of all HIV-positive pregnant women to identify the appropriate PMTCT ARV intervention in line with National guidelines (this includes use of HAART where eligible, or use of combination AZT and sd Nevirapine for early presenters, or use of sd Nevirapine); Administration of the appropriate PMTCT ARV as well as OI prophylaxis for all HIV-positive pregnant women; Early Infant HIV diagnosis for all HIV exposed infants through DNA Polymerase Chain Reaction (PCR) testing; Linkage of eligible infants to pediatric HIV care and treatment services; strengthened postnatal care package; Linkage to family planning services and counseling and testing services for the woman's partner and other family members. This will lead to more women and their partners and infants knowing their HIV status and hence accessing ART, thereby increasing the number of people on ARVs. All these activities will contribute to the Emergency Plan in Kenya goals of HIV prevention and treatment. During FY 2008 CDC will continue to work with government of Kenya agencies and non-governmental partners to support implementation of these services in the country. CDC Kenya's multi-disciplinary PMTCT team will continue to provide technical guidance that includes the development and review of guidelines, operational procedures and manuals, educational materials and teaching modules for implementing comprehensive PMTCT programs in Kenya. CDC Kenya staff work with local partners to ensure activities are based on the latest relevant science and that scientific knowledge is translated into program guidelines and practices both at national policy and service delivery levels. In collaboration with other partners, CDC staff conducts monitoring and evaluation activities including operational research for the PMTCT program, and ensure that information generated informs national PMTCT policy and practice. CDC Kenya staff also support PMTCT activities at multiple service delivery sites to conform to national guidelines and technical strategies concerning all aspects of PMTCT including models of HIV testing in the antenatal and maternity units, provision of ARVs for prophylaxis and treatment, care and support of the HIV+ woman, her infant and partner and Early Infant diagnosis for HIV exposed infants and linkage to treatment and care for all eligible infants. The CDC Kenya PMTCT technical team includes six professional staff, one program assistant and three support staff. The technical staff includes one senior technical advisor working 80% of the time; this staff member, an Associate Professor of Pediatrics has extensive national and international experience in clinical and programmatic HIV research including PMTCT, and works directly with the government of Kenya and other partners to ensure the technical soundness of the program. Other technical staff include two medical doctors with experience and expertise in Pediatrics, and Obstetrics and Gynecology respectively, who work directly with programs to ensure technical and up-to-date interventions, in particular the care of the HIV+ woman and pediatric HIV care; two program managers with nursing and public health experience who work directly with the sites in 34 districts to provide guidance on both technical and effective program management approaches at the service delivery sites, a behavioral scientist and a program assistant. The program assistant is engaged in a variety of tasks to provide logistics support to the team. The team is supported by three drivers, who enable the technical staff to conduct regular field visits and technical supervision. This budget includes costs for contractual services, printing of the curriculum and other postheld account funds.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 9253.08

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 21405.08

Mechanism: APHIA II - Nairobi

USG Agency: U.S. Agency for International Development Program Area: Prevention of Mother-to-Child Transmission (PMTCT) Program Area Code: 01

Planned Funds: \$425,000

Activity System ID: 21405

Activity Narrative: Updated August 2008 reprogramming. Activity narrative under separate file (per OGAC guidance).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVAB - Abstinence/Be Faithful	
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02

Total Planned Funding for Program Area: \$39,751,118

Estimated PEPFAR contribution in dollars	\$432,750
Estimated local PPP contribution in dollars	\$432,750

Program Area Context:

HVAB Program Narrative COP 2008

Key Result 1: 7,060,000 million individuals reached with AB community outreach.

Key Result 2: 119,000 individuals trained to promote AB.

CURRENT PROGRAM CONTEXT AND STATISTICS

Although HIV prevalence has declined overall in Kenya, youth – particularly young girls – remain extremely vulnerable to HIV infection. HIV prevalence among young women aged 20-24 is currently 9%, more than three times higher than that of young men of the same age (KDHS 2003). Nearly half of young women aged 15-24 who are sexually active have an older male first sexual partner, further increasing their risk of HIV infection. Vulnerability to HIV infection is also related to education: youth in school aged 15-19 are less likely to have sex than out-of-school youth, with girls again at higher risk than boys. Despite these alarming statistics, there are also some encouraging trends, including high rates of reported secondary abstinence. More than half of inschool youth and more than a third of out-of-school youth reported no sex in the previous year (BSS 2003).

HIV prevention efforts in Kenya gained new momentum during 2007. With Emergency Plan (EP) financial and technical support, the National AIDS Control Council (NACC) and others convened a national HIV Prevention Summit entitled "Putting Prevention First: Turning off the Tap." The summit emphasized the need for an invigorated and comprehensive approach to HIV prevention efforts supported by high-level GOK leadership. In addition, the summit consensus document called for an evidence-based approach to prevention that is informed by rigorous analysis of Kenya's epidemic. Results from the ongoing Kenya AIDS Indicator Survey (KAIS) should be available in early 2008 and will be important to guide effective targeting of HIV prevention efforts to groups with high HIV incidence. In addition, the EP will continue to support successful AB programs that have contributed to Kenya's successes in keeping incidence low, particularly among youth.

SERVICES

In 2008, HIV prevention activities in Kenya will continue to promote behavior change among young people by emphasizing delayed sexual debut, reduced numbers of partners, and providing accurate information about condom use for a comprehensive prevention program consistent with "ABC Guidance."

Based on the National Prevention Summit and a thorough review of our existing AB portfolio, the USG team plans for 2008 include both a continuation of effective ongoing AB activities and initiation and expansion of several new areas of emphasis. These include the Healthy Youth Initiative ("hypeKenya"), expansion of the comprehensive "Families Matter!" intervention, rolling out the Kenya Adolescent Reproductive Health (KARHP) model for HIV education of teachers and students in all provinces, and integrating AB messaging as part of male circumcision interventions. Comprehensive and integrated prevention programming (in OVC and treatment services, for example) will be a critical component to reaching our goal of "no missed opportunities" in

preventing new HIV infections.

We will launch hypeKenya, an exciting new approach to reducing HIV infection among vulnerable youth, both by expanding existing program and introducing new interventions for youth prevention, including addressing the unique vulnerabilities faced by young women and girls. With a goal of reducing HIV prevalence in young people by 50% over the next five years, program implementation will begin in urban areas of Nairobi, Kisumu and Mombasa before expanding to rural areas.

PEPFAR AB partners have developed a robust and broad program that works through faith- and community-based initiatives as well as government institutions such as the Kenya Institute of Education (KIE) and teacher training colleges. Comprehensive prevention activities supported by USG in Kenya include peer education, networking, community theatre, mass media programs, and curriculum-based training. AB programs also continue to address those underlying gender norms and male behaviors fueling the epidemic, including gender-based violence and coercion, unequal access to income and productive resources, and inadequate protection for women's legal rights.

In 2008, the EP will work closely with the Ministry of Education to roll out the KARHP model using "Tuko Pamoja" ("we understand each other" in Kiswahili) training materials and develop a revised version of the Life Skills manuals for the recently approved life skills courses in primary and secondary schools. These curricula will also be used in four of the 30 colleges in pre-service teacher education through the Teacher Education for Professional Development project, a wrap-around with USAID's Education Office. We will also focus specifically on highly vulnerable out-of-school girls in urban areas, including domestic workers and married adolescents.

Partners implementing AB programs have added elements to help develop a supportive adult environment. The "Families Matter!" program has been rigorously evaluated in Nyanza province in Kenya and preliminary results show a sustained positive effect on parenting and communication skills. This intervention, in addition to others targeting family members through the APHIA projects, will be scaled up and implemented nationwide.

Underserved regions like North Eastern Province will receive expanded attention, including a new initiative to support AB prevention work in the Dadaab refugee camp through the Office of the UN High Commissioner for Refugees (UNHCR). APHIA II activities have also begun in underserved regions of Eastern and Central provinces. Programs funded in 2007 will be strengthened, including those targeting marginalized populations such as the physically and mentally handicapped, Muslim women, Imams, and pastoralists. Partners will be encouraged to work with the Council of Imams and Preachers and the Young Muslim Association. AB programs will continue targeting a majority of young recruits to the uniformed services as well as young families of the uniformed services community.

REFERRALS AND LINKAGES

The Transport Corridor Initiative, or "ROADS" project, targeting hot spots along the major transport routes linking Kenya with neighboring countries will be consolidated with APHIA II Coast, Eastern, Rift Valley, and Western projects linking AB and OP interventions. Male circumcision initiatives, which will continue to scale up in 2008, will be another important venue for AB messaging. For example, faith-based organizations will be assisting with expansion of adolescent circumcision service delivery in Nyanza Province. A critical component of this activity will be the provision of AB counseling and interventions for young men undergoing both voluntary counseling and testing and circumcision. This activity will help to develop several AB interventions that can be used to help reduce sexual disinhibition.

POLICY

Pre-service training will begin in teacher training colleges and in-service training will continue with the Centre for British Teachers (CfBT) working closely with the Ministry of Education to prepare teachers to provide youth with information on HIV prevention, stigma reduction, and gender sensitivity. Gaps in youth-friendly services identified by the Kenya Service Provider Assessment will be met by working with the National AIDS and STD Control Program and the Kenya Medical Training College to develop guidelines for youth-friendly services that will equip health workers with skills to communicate to young people about sexuality and sexual risk reduction, particularly abstinence.

WORK OF HOST GOVERNMENT AND OTHER IMPLEMENTING PARTNERS

CDC and USAID have been working with uniformed services of the Ministry of Home Affairs; the National Youth Service of the Ministry of Youth Affairs; the Kenya Wildlife Service, which falls under the Ministry of Tourism; the Kenya Police; and the military. The US Department of Defense also has a strong collaborative relationship with the Kenya Department of Defense. The Program for Appropriate Technology in Health (PATH) and the KIE will be partners in developing a new curriculum for life skills training throughout the country. Planned interventions are consistent with the Kenya National AIDS Strategic Plan and complement other donor-funded activities including Global Fund awards and the World Bank Total War on AIDS project that will provide small grants to CBOs through NACC in 2007/08. However, as more bilateral funding is going through a SWAp process, PEPFAR will be the principal source for direct funding of NGOs, CBOs and FBOs.

OUTSTANDING CHALLENGES AND GAPS

During the Prevention Summit, several obstacles were identified that could inhibit success of AB activities. These included low knowledge of HIV status, limited targeted national prevention efforts (e.g. positive prevention [PwP], most-at-risk and vulnerable populations), unclear accountability over HIV prevention targets, resource gaps in prevention programs, poor adherence to national priorities, lack of one national prevention program that is coherent and agreed upon, and a limited evidence base for prevention interventions. Kenya EP support will address several of these barriers by expanding targeted interventions, supporting rapid scale-up of HIV counseling and testing, conducting key public health evaluations to expand the evidence base, and advocating for national leadership in prevention.

MONITORING AND EVALUATION

Monitoring AB programs for efficacy and keeping an accurate track of multiple community-based outreach activities remains a challenge for the USG team. One manner of addressing this will be through regionally-focused APHIA programs working in collaboration with the Ministries of Education, Health, Youth Affairs, Special Programmes, and others.

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	7060000
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	189260
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	119000

Custom Targets:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 375.08	Mechanism: N/A
Prime Partner: Hope Worldwide	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 19896.08	Planned Funds: \$175,000

Activity System ID: 19896

Activity Narrative: This funding is earmarked to support a dynamic, new initiative focused on Kenyan youth. Funding will be allocated as TBD across agencies (CDC 40%; USAID 40%; DOD 15%; Peace Corps 5%) until partners are identified for activity implementation. The healthy youth initiative (HYPE) will utilize the core competencies of private sector partners, the technical expertise of the Kenya PEPFAR team and its partners, and the best ideas of young people themselves to implement novel approaches to imparting skills for healthy living, including a focus on HIV prevention, economic opportunity, and gender equality. It will in part be measured by a goal of a 50% decrease in HIV prevalence in five years among youth (age 10-24) in Nairobi and the surrounding slums and will be brought to national scale as resources and experience allow.

CDC and the TBD partner will work together closely to develop technical standards and guidance to ensure that HYPE activities encompass evidence-based prevention strategies. HYPE activities will integrate prevention across program areas in order to create opportunities for comprehensive prevention approaches. A careful evaluation of the HYPE activities will be undertaken to ensure that effective and appropriate messages are reaching the target audience.

Building from private sector expertise, the healthy youth initiative strategies will include traditional behavior change approaches such as media campaigns as well as innovative interpersonal and electronic communications. These will be adapted to match young adults' interests and needs with the recognition that a desire to "belong" and to "be cool," including self-image and peer pressure, are potent determinants of behavior among youth all over the world. The project will incorporate skills training and economic opportunities to lift young people out of cycles of desperation and despair, as well as provide links to education for school dropouts.

Programs will be introduced in modules, both physical and technical, at schools, religious centers, business centers, and youth internet cafés / clubs to meet youth "where they are" (and where they want to be), as well as at central sites identified for the establishment and expansion of these interconnected modules. The healthy youth initiative will include monitoring and evaluation to track reduced HIV prevalence among youth, behavior change, increased financial security through job creation, and qualitative markers for positive living. Project evolution and implementation will be thoroughly documented to provide a replicable model. Youth will be engaged at all levels of developing, implementing, and assessing the initiative with appropriate involvement of experts and adults in the various areas.

A Program Management Center (PMC) will be established in Nairobi to manage the development of this initiative and coordinate the financial, in-kind, creative, and other inputs from partners with the needs of program implementers. FY 2008 funding for the healthy youth initiative will support both the PMC and direct program implementation.

HQ Technical Area: New/Continuing Activity: New Activity Continuing Activity: Related Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7794.08

Prime Partner: Global Outreach for Addiction Leadership & Learning

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 17669.08

Activity System ID: 17669

Mechanism: New Partners Initiative

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$0

Activity Narrative: THIS IS A NEW ACTIVITY.

1. LIST OF RELATED ACTIVITIES

This activity relates to: Counseling & Testing (#8781) and Condoms and Other Prevention Activities (#8934).

2. ACTIVITY DESCRIPTION

This activity has three components which focus on HIV/AIDS and substance abuse prevention activities to promote abstinence and be faithful messages. Target population groups include boys and girls aged 10-14, in & out of school youth (women and men aged 15-24) and adults (men and women of ages 25 and over). This program area will be implemented in collaboration with Sarah Network, which works with five local sub partners; Aniga Women Initiative, WAPIS, Caring Mothers, Wema Widows and Upako Center. The HIV prevention messages will be delivered in age appropriate settings and will address identified risk factors that expose the target populations to HIV infection. Prevention activities under the AB program will extend beyond efforts to improve knowledge or awareness on HIV/AIDS and substance abuse to provide individuals with the relevant motivation and skills needed to adopt safer healthy behaviors. In the first component, 100 teachers, 50 clergy and 80 peer educators will be trained to promote HIV/AIDS messages on abstinence and being faithful. Each trained teacher is expected to reach out and educate 50 students with abstinence messages. The clergy will also reach out to at least 50 other people (youth and/or adults) in their congregations with abstinence and be faithful messages. The peer educators selected by Aniga Women initiatives, WAPIS and Upako Center will each reach and educate 20 other people totaling 1,600. A total of 9,100 individuals will be reached through community outreach activities that promote HIV/AIDS through abstinence and being faithful. Out of these, an estimated 5,500 individuals will be reached with information on HIV prevention through abstinence i.e. a sub set of the total reached with AB messages. Training guides developed by SARAH Network and other locally USG-funded organizations and those authorized by the Ministry of Education will be used to educate in and out of school youth and adults. The second component of this activity use of a DVD with information on HIV/AIDS and substance abuse. The DVD will be shown to passengers who ply in the commercial vehicle (taxi van) purchased for WAPIS under this grant. Through this media, it is expected that there will be a reduction in the number of people abusing alcohol and other substance of abuse. It is hoped that this will in turn lead to a reduction in HIV transmission. The third component will involve increasing vulnerable women and youth's access to income and productive resources. 30 widows and 17 youth who are vulnerable to HIV infection will be given lifeskill training and supported to start income generating activities such as crop farming, goat keeping and tailoring to reduce their vulnerability to HIV infection.

3. CONTRIBUTIONS TO OVERALL PROGRAM

The GOAL project contributes to the Government of Kenya HIV/AIDS strategic plan (2005-2010) and the PEPFAR-Kenya objectives and results in which the youth and other community members are a target. Targeted population will be reached with abstinence and be faithful messages through community outreach activities that will include one on one discussion, door to door campaigns, peer education, classroom education, small group discussions and information, education and communication. The targets in this project will contribute to numbers of HIV infections averted.

4. LINKS TO OTHER ACTIVITIES

This activity relates with activities in Counseling and Testing (#8781) and Condoms and Other Prevention Activities (# 8934). GOAL will collaborate with other USG funded organizations providing voluntary counseling and testing services such as Liverpool VCT, Nazareth Mission Hospital and AMPATH to promote voluntary counseling and testing. This will be done through referrals of the youths for VCT services. Those reached with abstinence and be faithful messages will be encouraged to get tested as a step towards behavior change. Voluntary counseling and testing strengthens the AB activity. This activity will also be linked to activity number #8781 in this program area. This partner will collaborate with other USG funded partners under the APHIA II and others implementing the OP program to educate the youth and adults on the link between HIV transmission and substance abuse addiction. Those who are sexually active will be encouraged to practice secondary abstinence. They will also be educated on correct and consistent use of condoms and their perceptions increased on the risks of having multiple or concurrent sexual partners. They will be encouraged to adopt and broader social norms that facilitate partner reduction and fidelity.

5. POPULATIONS BEING TARGETED

This activity targets adolescents (boys and girls) of ages 10-14, youth (young women and men) of ages 15-24 and adults (men and women) aged 25 and over with information on HIV and AIDS promoting abstinence and being faithful as ways to prevent HIV transmission. The youth will be encouraged to abstain as a way to prevent the spread of HIV. Those between the ages of 10-14 will be taught the importance of abstinence in reducing the transmission of HIV; the importance of delaying sexual debut until marriage and the development of life skills for practicing sexual abstinence. Older youth (above 14 years) will be equipped with prevention skills such as delaying of sexual debut until marriage, secondary abstinence for those who are sexually active or importance of mutual faithfulness. Adults who are married will be encouraged to be faithful to their partners.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Gender: Activities meant to address women's and men's behaviors and inequalities between men and women that increase their vulnerability to and impact of HIV/AIDS. Women organizations such as Aniga Women Initiatives, Wema Widows and Caring Mothers will be incorporated in the design and implementation of HIV/AIDS prevention programs. They will be educated on HIV/AIDS and substance abuse and will they will in turn participate in community HIV/AIDS and substance abuse prevention outreaches. GOAL/SARAH Network will collect data that will show the breakdown of men and women receiving prevention activities and this will help ensure that prevention activities benefit both men and women. Communities in the program areas will be mobilized and educated in order to address norms and behaviors to cross generational sex and transactional sex. Women who are vulnerable to HIV infection due to poverty such as widows brewing illegal alcohol will be empowered and supported to start alternative income generating activities that will reduce their vulnerability to HIV infection.

7. EMPHASIS AREAS

Training as an area of emphasis will involve activities that impart skills, knowledge and attitudes to

Activity Narrative: individuals, groups or organizations. They will in turn provide quality HIV/AIDS prevention services that are responsive to their client's needs. Community mobilization will involve community resource persons/groups such as church leaders in providing HIV/AIDS and substance abuse prevention education to community members. Information, education and communication materials that are linguistically, culturally, and age appropriately materials supporting Emergency plan goals shall be developed and or disseminated. For example, a DVD with information on HIV/AIDS and substance abuse will be developed and shown to passengers in a vehicle bought for the WAPIS and plying the Nairobi-Banana route. Networking with other USG funded organizations and other stakeholders providing HIV/AIDS prevention, care and support services will be done. A referral system will be developed to ensure that target populations access other HIV/AIDS services not provided by this organization. The local implementing sub partners have volunteers who are not paid a salary but are given incentives such as travel allowances as a retention strategy.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17668, 14812

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17668	17668.08	7794	7794.08	New Partners Initiative	Global Outreach for Addiction Leadership & Learning	\$0
14812	8781.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

- Training
- *** In-Service Training
- * Retention strategy

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	9,100	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	5,500	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	230	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Other

Religious Leaders

Teachers

Coverage Areas			
Coast			
Nairobi			
Nyanza			
Rift Valley			
Western			

ivities by Funding Mechans	1111		
Mechanism ID:	4076.08	Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention	USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB	Program Area Code:	02
Activity ID:	18092.08	Planned Funds:	\$61,600
Activity System ID:	18092		
Activity Narrative:	THIS IS AN ONGOING ACTIVITY. THE N REFERENCES TO TARGETS AND BUDG GAP AND GHAI.		
	The only changes to the program since ap	pproval in the 2007 COP are:	
	+ In FY 08 CDC technical staff will dedicat design, develop and implement the new Y partners to streamline development of a cr circumcision service delivery, particularly intensive level of technical assistance and PEPFAR ABC programming. During FY 2 results objectives and to support FY 2008 1. LIST OF RELATED ACTIVITIES	outh Prevention Initiative. In a omprehensive AB package for with faith-based organizations. programmatic guidance on pr 2008 CDC will reorganize its ex	ddition, technical staff will work with adolescents as part of new male CDC Kenya staff will provide an evention activities guided by the isting staff in line with staffing for
	This activity relates to all activities in Absti	nence and Be Faithful Program	ns.
	2. ACTIVITY DESCRIPTION During FY 2007 CDC will continue to work partners to promote abstinence and faithfur range of AB activities and partners, includi with young people. CDC continually identit assistance and guidance to ensure that part technical support through a close program national training service serving up to 10,0 assistance to number of local FBOs and C The sub-grantees working in this area incl Kenya Episcopal Secretariat-Catholic Sec partnership with the non-military uniformed Service, and the police. They have had a 1 the training offered to young recruits in the emphasizes changes in male behaviors and services. The types of activities CDC tech assistance with monitoring and evaluation technical areas of HIV and AIDS, reviewin and supervising partners working through on a regular basis to assist the local partner technical team includes one Direct Hire (U international experience in working with FE works directly with implementing partners locally employed technical staff member w extensive experience in this programmatic partners. This team will be supported by to whose work is devoted to supporting AB a	ulness as an HIV prevention st ing 11 cooperative agreements fies and continues to provide a artner activities are focused on a mentorship of staff at the Nat 000 youth each year. In additio CBOs through a capacity buildii ude the Africa Inland Church, t retariat, and many others. CDI d services of Kenya, including key role in introducing the Men e National Youth Service and w and attitudes, to young recruits in nical staff engage in include tra plans, training to bring local C g technical proposals for fundii the Cooperative Agreements. ers in developing identified tec ISDH) working 25% in AB. This BOs implementing HIV preven- to ensure the technical soundr vorking on AB and youth progra- c area, and spends most of her wo locally employed drivers, or	rategy. CDC Kenya now has a wide a designed to promote AB activities in intense level of technical behavior change. CDC provides ional Youth Service, a uniformed n, CDC provides technical mg project with CHF International. the Baptist AIDS Response Agency, C Kenya staff also have a strong the Kenya Prisons, Kenya Wildlife as Partners (MAP) curriculum into vill introduce this curriculum, which nto the non-millitary uniformed aining in workplan development, BO and NGO staff up to date in ng, making technical presentations CDC Atlanta staff come to Kenya hnical areas. The CDC Kenya AB as staff member has extensive tion programs, and the incumbent tess of the program. CDC has one arms on full-time basis. She also has time working directly with local
HQ Technical Area:			
New/Continuing Activity:	New Activity		

Continuing Activity:

Related Activity:

Prime Partner:	Academy for Educational Development	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)	Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB	Program Area Code:	02
Activity ID:	21428.08	Planned Funds:	\$657,500
Activity System ID:	21428		
Activity Narrative:	Updated August 2008 reprogramming: Generation's public private partnership		tnership for an HIV-Free
HQ Technical Area:			
New/Continuing Activity:	New Activity		
Continuing Activity:			
Related Activity:			

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	9253.08	Mechanism:	APHIA II - Nairobi
Prime Partner:	Pathfinder International	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)	Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB	Program Area Code:	02
Activity ID:	21278.08	Planned Funds:	\$1,150,000
Activity System ID:	21278		
Activity Narrative:	Updated August 2008 reprogramming. A	ctivity narrative under separate	e file (per OGAC guidance).
HQ Technical Area:			
New/Continuing Activity:	New Activity		
Continuing Activity:			

Related Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7792.08 Prime Partner: Christian Reformed World Relief Committee Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 17539.08

Activity System ID: 17539

Mechanism: New Partners Initiative

USG Agency: U.S. Agency for International Development Program Area: Abstinence and Be Faithful

Program Area: Abstinence and be Faithful Programs

Program Area Code: 02

Planned Funds: \$0

Activity Narrative: THIS IS A NEW ACTIVITY.

1. LIST OF RELATED ACTIVITIES

CRWRC's activities in the AB program area are closely liked with CRWRC's other activities in the Counseling and Testing program area. Messages about the need for everyone to be tested will be built into all the HIV prevention education and emphasized in the TOT for church and community leaders who will promote testing in their congregations and communities. Opportunities for testing and counseling will be available at awareness campaign events.

Education support, vocational training, and other assistance that CRWRC and its partners are providing to adolescent girls (10-17) under the OVC program area is intended to reduce the vulnerability of female OVC to coercive and transactional sex and thereby empower them to choose abstinence.

2. ACTIVITY DESCRIPTION

In partnership with three faith-based organizations in Kenya, Christian Reformed World Relief Committee (CRWRC) will implement activities focused on promoting abstinence and being faithful. The three partners namely; Western Region Christian Community Services, an agency of the Anglican Church of Kenya, will implement the program in all eight districts of the Western Province. KAMATAKIMO, which is also an agency of the Anglican Church, will target Kitui and Mwingi districts in Eastern Province. Plateau Mission Hospital, an agency of the Reformed Church of East Africa, will target Uasin Gishu district in Rift Valley Province. During FY 2008, CRWRC and its partners will reach 90,973 individuals through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful.

The 90,973 individuals shall be reached through outreach meetings directly organized by the 1,420 individuals within the following population groups: Firstly, out of the 1420 individuals trained using the Choose life manual, 1,120 church and community leaders will use congregation and community based meetings to reach at least 88,233 individuals through barazas, church and community group meetings such as the "men who care groups" through which 2380 men and boys will be reached in 68 groups (as described below). Through these meetings, church and community leaders will also address women's legal rights namely where they can access reproductive health services in their communities. Secondly; the three hundred peer educators trained by the training-of-trainers (TOTs) - 3 NPI program coordinators and at least 3 field officers- will form peer groups by identifying other youth in their own networks. Three hundred peer educators will be recruited and trained in FY 2008. A total of 1,260 youth will be participating in 60 youth to youth groups and an additional 1480 through youth to family and "writing on the walls" across all three partner working areas.

CRWRC will use the Choose Life and Creating Positive Relationships training manuals in peer education and support groups for youth. Using stories, illustrations, and discussion questions, these manuals guide youth's understanding of sexuality and HIV/AIDS covering topics such as decision-making, peer pressure, family life, body changes, STIs and HIV/AIDS, and AIDS in the home. Motivators like the abstinence pledge card and "Writing on the Walls" activities will be used to encourage abstinence and fidelity.

Youth-to-Family (Y2F) groups will equip in-school youth to share information about HIV prevention and treatment services with their families. Youth who have a strong understanding of the HIV/AIDS epidemic and of gender will be identified through pre- and post-testing in the peer education groups. A total of 740 youth will be participating in 34 groups across all three working areas.

"Men Who Care" (MWC) groups will recruit men as positive role models for youth and will promote accountability among older men to model abstinence, if unmarried, and fidelity, if married. A total of 2,380 boys and men will participate in 68 groups. The MWC groups will be set up under the supervision of the trained church and community leaders in collaboration with program staff. The men will be recruited through barazas and existing church groups such as the Kenya Anglican Men Association.

"Writing on the Walls" is an activity that will be used to engage young people in reflection on HIV, risk, prevention, and abstinence options through theatre, wall painting, and essay writing. A total of 740 youth will participate in 34 groups across all three working areas. This activity will be integrated in some places with the Y2Y peer education and support groups. Church and community leaders will form accountability partnerships with adolescents who make abstinence pledges through Writing on the Walls and pledge cards during awareness campaigns.

In FY08, CRWRC and its partners will reach 88,233 people through awareness campaigns at churches, schools, youth groups, women's groups and community forums. Campaigns will be organized and led by the 1,120 trained church and community leaders. Some of the events will be separate for youth, men and women, while others will be gender mixed. Awareness campaigns will address barriers to AB behaviors through drama, youth competition days, youth and parent forums, lectures, and public events. Opportunities for testing and counseling will be available at these events.

3. CONTRIBUTIONS TO OVERALL PROGRAM

This activity will contribute toward the 5-year target of preventing 7 million new infections by reducing the sexual transmission of the virus in Kenya. CRWRC and its FBO partners will use behavior change communication to promote abstinence (including "secondary abstinence") among unmarried youth and faithfulness among married and sexually active adult couples. Some of the elements of the 5-year strategy that are incorporated into the design of the CRWRC include reinforcing the role of parents (through Y2F); challenging norms for male behavior (through MWC); and using behavior change strategies to promote abstinence among youth (through Y2Y peer education and support groups and Writing on the Walls).

Because CRWRC's partners are agencies of the Anglican Church of Kenya and the Reformed Church of East Africa, partner staff will contribute greatly to the promotion of healthy norms and behaviors as they train local religious and other traditional leaders how to incorporate behavior change messages into their sermons and public remarks.

4. LINKS TO OTHER ACTIVITIES

The AB interventions will draw upon lessons from existing ABY programs that CRWRC and its partners

Activity Narrative: have been implementing under the leadership of World Relief and Family Health International. CRWRC has been using the Choose Life manual developed by World Relief as part of this other ongoing ABY program. The manual for youth aged 10-24 years has been effectively used for both in- and out-of-school youth in World Relief sites.

5. POPULATIONS BEING TARGETED

CRWRC is scaling up HIV prevention services in all eight districts of the Western Province, Kitui and Mwingi districts in Eastern Province, and Uasin Gishu district in Rift Valley Province. Under the AB program area, youth ages 10-24 years (men and women) are targeted, but there will be a concentration on girls 15-19 who are out-of-school, widowed and divorced women, and married men.

Mobile populations who have been shown to exhibit higher prevalence of HIV than men who never sleep away from home will also be targeted with faithfulness messages. The messages will be delivered through "men who care" groups and other community forums that the trained church and community leaders will address.

The populations targeted for participation in AB activities will be recruited by the 1,120 church and community leaders who participate in TOT to learn how to mobilize groups. Men will be reached through barazas and existing men's groups at churches. Potential peer educators will be identified by the church and community leaders also. And other youth who will participate will be recruited by the peer educators.

 KEY LEGISLATIVE ISSUES ADDRESSED Key legislative issues are included in the emphasis areas described in section 7 below.

7. EMPHASIS AREAS

CRWRC and its partners will focus on abstinence and being faithful by addressing cross-cutting social justice issues, like cross-generational sex, by addressing male norms and behavior issues. CRWRC and its partners will also focus on increasing women's legal rights to empower women - married, divorced, and widowed - to have access to reproductive health services in their communities. This will be done by equipping church, community and NGO leaders with information regarding HIV/AIDS in order to address these systemic issues as they arise in their communities. CRWRC and its partners will also focus on human capacity development through in-service training of community volunteers including 300 peer educators, 1,120 church leaders, community leaders and NGO leaders in the areas of HIV transmission and prevention. CRWRC and its partners will also work with the community volunteers to develop a volunteer retention strategy. Other emphasis areas to be addressed by this program area include CRWRC's on-going local organization capacity building of the three partner organizations and coordination of the health management information system for tracking beneficiaries reached by the AB activities. This program is funded through the New Partner Initiative.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14798, 17553

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14798	9070.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$2,100,000
17553	17553.08	7792	7792.08	New Partners Initiative	Christian Reformed World Relief Committee	\$0

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training
- * Retention strategy

Local Organization Capacity Building

New Partner Initiative (NPI)

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	90,973	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,420	False

Target Populations

General population
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Orphans and vulnerable children
Religious Leaders
Coverage Areas
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Coverage Areas		
Eastern		
Rift Valley		
Western		

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	353.08	Mechanism:	TBD
Prime Partner:	Internews	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)	Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB	Program Area Code:	02
Activity ID:	17537.08	Planned Funds:	\$150,000
Activity System ID:	17537		

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This INTERNEWS/Local Voices HVAB activity relates to activities in HIV/AIDS Treatment services (#6915), Policy Analysis and Systems Strengthening (#6918), and PMTCT (#6916), Counseling and Testing (#6917), Blood safety(#8705), HKID, and HVOP.

2. ACTIVITY DESCRIPTION

This is a new activity with an existing partner. In FY 08, Internews will carry out the following activities:

MALE CIRCUMCISION

Awareness about new HIV prevention technologies is crucial in order to bolster known prevention methods. Male circumcision is one of the new prevention methods that recent studies have identified as holding startling potential for reducing infection rates. The media can be a powerful force in distributing accurate information about the benefits of male circumcision and the cultural sensitivities around it. Correct communication and messages on male circumcision are critical. About 70% of Kenyan men are circumcised; the new research suggests higher prevalence in populations where circumcision is not practiced, partly due to the absence of this prevention method. The major determinant of circumcision globally is religion, and substantial numbers of males are circumcised for cultural reasons, while others are NOT circumcised, also for cultural reasons. With the confirmed findings of recent studies, the demand for safe circumcision services is expected to increase. The media should however caution that this prevention method does not offer complete protection. In addition, social factors need to be addressed with sensitivity, as culture plays a major role in the acceptability of male circumcision.

In FY08 Internews will hold a training on male circumcision for 9 professionals from the major Kenya networks: 3 television producers, 3 video editors and 3 camera people. Each group will work in a team to produce at least two features on male circumcision and its relationship to HIV, ensuring that each aspect of the story (the script, filming and editing of pictures) reflect an accurate and sensitive story. These exercises will result in at least 6 features on male circumcision being aired on prime time television. The best group will receive a travel grant to do a male circumcision story that relates to HIV outside of Nairobi. This will result in an additional two features on male circumcision.

Internews will also provide two senior radio journalists with travel grants for stories on male circumcision and HIV outside of Nairobi. This will result in at least 4 radio programs on male circumcision and HIV.

SUMMARY:

• One television training for 9 television professionals on male circumcision and HIV that will result in at least 6 features being aired on prime time

television

One television travel grant which will result in two male circumcision features being broadcast on prime time television

· Two radio travel grants resulting in four features on male circumcision and HIV.

GENDER-BASED VIOLENCE

Gender-based violence (GBV) has become more than a human rights issue; it is also a national health issue, most especially in regards to the spread of HIV/AIDS. As part of its overall Local Voices media training project that supports mass media to disseminate information about HIV prevention and care, Internews Network in FY08 will bring a special training focus to the issue of GBV and its role in the spread of HIV/AIDS.

An Action Aid study released in June 2007 shows increased sexual violence against women and girls is fuelling the spread of HIV/AIDS among females in Kenya: one out of every four girls and young women in Kenya report losing their virginity through force.

Vaginal injuries like tears act as sites through which HIV enters into the bloodstream, which partly accounts for why women and girls are experiencing higher rates of HIV infection than men and boys. Violence makes 51% of the population vulnerable, and in turn the risk of passing infection to male partners increases. Women in rural areas appear even more at risk.

Internews proposes a five-day journalism training for eight radio professionals that will focus on basic journalism skills as well as the relationship between gender-based violence and HIV. The journalists will receive intensive follow-up support after the training, which will result in at least 16 radio programs being produced and broadcast on Kenya radio stations. These programs will reach 5 million radio listeners.

Internews will also provide the four best radio trainees with a follow-up field training in the form of a four day "mentoring trip." During this trip the journalists will be accompanied by an Internews trainer that will guide them every step along their way in doing gender-based violence features outside of Nairobi. This will result in at least 8 stories being produced and broadcast.

Internews will train 4 television journalists and 4 camera people on the relationship between gender-based violence and HIV resulting in the production of at least eight features for broadcast on prime time television. The training will be five days long. The best student will receive a travel grant to do a gender-based violence story outside of Nairobi. This will result in two more gender based violence stories being broadcast on prime time television, reaching at least 4.5 million viewers.

Internews will also host a round table on issues relating to gender-based violence for journalists and NGOs. During this round table stories done during training sessions will be discussed and criticized. The attendants will vote for the best story. The winner will receive a memory stick with a large enough memory to save pictures and sound.

Summary:

One five-day training on gender-based violence for 8 radio journalists that will result in 16 radio features

One four-day "field training" for four radio journalists in the form of a mentoring trip, resulting in 8 radio stories being produced and broadcast

- reaching at least 5 million viewers
- · One five-day training for 4 television journalists and 4 camera people that will result in 8 television

Activity Narrative: features reaching at least 4.5 million viewers

- One television travel grant that will result in two features on gender-based violence and HIV
 - One round table during which stories will be discussed and criticized

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Internews prevention activities countrywide will significantly contribute to PEPFAR's goals for both primary prevention and care by reaching about 4.5 million people. Planned activities will improve equity in access to HIV prevention and care services by raising awareness and increasing demand.

4. LINKS TO OTHER ACTIVITIES

The prevention activities of the Internews project relate to all other Internews training activities.

5. POPULATIONS BEING TARGETED

This activity targets the general population and especially adults of reproductive health age, couples, their spouses, the youth and the media. It's hoped that after these targeted messages people who would have otherwise felt uncomfortable to seek treatment and care will do so, thus increasing access for all communities. Behavior Change Communication activities will also involve community leaders and community-based organizations to increase demand for services amongst community members.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Messages developed will address gender norms and behavior, stigma and discrimination.

7. EMPHASIS AREAS

This activity has a major emphasis on local organizational capacity building and a minor emphasis on training.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14847, 14848, 17443, 14849, 14850

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14847	4173.08	6957	353.08	TBD	Internews	\$110,000
14848	8705.08	6957	353.08	TBD	Internews	\$150,000
17443	17443.08	6957	353.08	TBD	Internews	\$110,000
14849	9076.08	6957	353.08	TBD	Internews	\$100,000
14850	4174.08	6957	353.08	TBD	Internews	\$200,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

- Training
- *** In-Service Training

Male circumcision

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

Target Populations General population Children (5-9) Boys Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 182.08

Prime Partner: Population Council

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 17636.08

Activity System ID: 17636

Mechanism: Horizons

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$100,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are: • In 2007 this activity was funded under HVOP as a Targeted Evaluation at the level of \$150,000

1. LIST OF RELATED ACTIVITIES.

This activity relates to the Population Council HVOP activity with adolescents and substance abuse and AED Capable Partners HVOP activities with substance-abusers. The activity will implement alcohol and drug treatment programs for out-of-school youth in three informal settlement areas within Nairobi and possibly one in Mombasa. The conclusions of this study will feed into all the provincial APHIA II prevention activities with substance-abusing populations. In 2008 an application will be submitted by Support for Addictions Prevention and Treatment in Africa Trust (SAPTA Centre) for assistance under the New Partner Initiative.

2. ACTIVITY DESCRIPTION

This activity began as a baseline evaluation funded under Targeted Evaluations in 2007. The Population Council, working in partnership with the SAPTA Centre will assess the alcohol risk behavior of urban slumdwelling adolescents in Nairobi and possibly Mombasa. A baseline survey, to be implemented in early 2008, will serve as a basis on which interventions aimed at alcohol risk reduction among slum-dwelling youth can be implemented, with a view towards linking youth with CT and/or ART resources. The assessment will be in the form of a quantitative survey with about 1000 slum-dwelling males and females in 4-5 informal settlements in Nairobi, and about 500 of their counterparts in Mombasa. The baseline evaluation will be conducted among primarily out-of-school youth in the informal settlements of Kibera, Kangemi, and Mukuru slums of Nairobi, and possibly an additional area in Mombasa. The justification for focusing on out-of-school youth is based on previous studies which have found that out-of-school youth in Kenya are at a markedly higher risk of engaging in both risky sexual behavior and alcohol and drug consumption. The baseline evaluation is to collect information on demographic and social characteristics, sexual behavior, and alcohol and drug use. Upon completion of the baseline survey, and upon receipt of intervention funding, SAPTA Centre will implement intervention activities under separate 2008 COP funding. The intervention will include training peer educators in HIV prevention, as well as the implementation of ICE activities including poster distribution and video den education sessions. Key intervention activities will also include identifying (via baseline survey activities) youth who are in need of alcohol and/or drug treatment referrals, and enroll these youth in treatment programs to be implemented via partners in the slum areas. Other prevention activities will also be implemented focusing on non-drinking youth to prevent underage drinking, and other harm reduction strategies. During 2008 the Population Council will implement a follow-up survey to evaluate the intervention.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

During the 2008 project period, a total of 1500 youth will be identified, interviewed, and assessed for alcohol and drug abuse.

4. LINKS TO OTHER ACTIVITIES

This activity relates to AED Capable Partners' work with substance abusers, including the SAPTA project, and APHIA II Coast if they need to expand activities to Mombasa.

5. POPULATIONS BEING TARGETED

This activity will target young men and women of reproductive age, primarily out-of-school in three informal settlement areas of Nairobi. Linkages will be established with health care providers in both the private and public sector providing HIV-related services in these areas.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address youth issues by increasing awareness of underage alcohol and drug use, and the interaction of substance use with risky sexual behavior.

7. EMPHASIS AREAS

Major emphasis will be on human resources to identify and engage youth in treatment programs, as well as on Information, Education and Communication. Linkages with other sectors, especially the health sector and the development of referral systems will be enhanced. Training of peer educators will also be emphasized.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14715, 14808

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14808	8930.08	6948	4913.08	APHIA II - Coast	Family Health International	\$1,800,000
14715	4940.08	6920	441.08	Capable Partners	Academy for Educational Development	\$1,820,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,500	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	50	False

Target Populations
General population
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Special populations
Most at risk populations
Street youth
Coverage Areas
Coast

Nairobi

Prime Partner: Academy for Educational USG Agency: U.S. Agency for International Development Development Funding Source: GHCS (State) Program Area: Abstinence and Be Faithful Programs Budget Code: HVAB Program Area Code: 02 Activity ID: 17307.08 Planned Funds: \$400,000 Activity System ID: 17307 Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS. The only changes to the program since approval in the 2007 COP are: · Academy for Educational Development has been competitively selected to implement the activity 1. ACTIVITY DESCRIPTION The Kenya Ministry of Education (MOE) recently completed their second year of implementing the Kenya Education Sector Support Program (KESSP) in which one of the objectives is to implement the AIDS policy for the education sector including training teachers to implement the HIV/AIDS syllabus in schools. AIDS is a major challenge to all the sectors of Kenyan society. In the education sector, the epidemic has severely affected quality, access, equity, supply and demand for education, thus reversing the gains made in the sector in the last ten years. Every Kenyan household is either affected or infected by the epidemic, and this affects individuals physically and psychologically. Strengthening the sector's capacity to respond to the epidemic will require a review of the policy on HIV/AIDS and curricula for various categories of educational institutions (primary, secondary, vocational/technical and non-formal education) in collaboration with the Kenya Institute for Education. MOE will need to initiate skills-based training relevant to AIDS in pre-service teacher training programs. One of the prospective partners in this activity is the Kenya Education Staff Institute (KESI) which is being assisted by USAID to become a center of excellence for teacher training. This activity will fund the development of curricula for pre-service teacher training to be used eventually in

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This is one of the activities that contributes to the promotion of abstinence, being faithful and behavior change practices among youth.

communities, teachers, and personnel will help address HIV/AIDS in the education sector. Using a life skills approach as part of the school health program, sensitization will help build the capacity of teachers to address HIV/AIDS and substance abuse in educational institutions. Guidance and counseling services in educational institutions will be strengthened to help those suffering from stigma and trauma associated with

all diploma and certificate teacher training colleges as well as the production of the same. First-year students will be targeted, with the expectation of training a total of 12,000 teacher trainees per year (approximately 600 per college), once the curriculum is available and all institutions are participating. In 2007 we trained 6,000 teacher trainees who will take a second-year course in 2008 while the other 6000 will be starting their first-year course. (In 2009 the first 6000 teacher trainees will have graduated and begun to reach students in their assigned schools.) The trained teachers will each be expected to work with two inservice teachers during their teaching practice sessions, bringing the number reached to 24,000 teachers. As the "Education Sector Policy for HIV and AIDS" will be one of the materials used in the course, the cost

of reproduction of this booklet will also be covered. Behavior change sensitization programs for

3. LINKS TO OTHER ACTIVITIES

HIV/AIDS.

This activity carries forward previously approved activities in the 2007 COP listed under "APHIA II TBD." It will build on the 2007 activity with KIE to update and reproduce the Life Skills curriculum. The program directly responds to the AIDS policy for the education sector which was developed with the Mobile Task Team using 2004 PEPFAR funding, and the development of the District Education Management and Monitoring Information System. The program will complement the in-service teacher training being carried out by CfBT. With the inclusion of the AIDS policy in the pre-service teaching curriculum, this activity will strengthen the in-service training of teachers at the worksite through all seven APHIA II regional projects. This activity also links with OP (xxxx) and OHPS activities (#xxxx) with all regional APHIA projects.

4. POPULATIONS BEING TARGETED

The populations which will be directly affected include teacher trainees and indirectly their future students.

5. KEY LEGISLATIVE ISSUES

Messages will address gender norms and behaviors as well as stigma and discrimination. This is a wrap around in the education sector.

6. EMPHASIS AREAS

The major emphasis is on human resource development with minor emphases on information, education and communication as well as policy and guidelines.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17155, 17450, 14748

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14748	4183.08	6935	369.08		Centre for British Teachers	\$750,000
17155	5100.08	7449	7449.08		Kenya Institute of Education	\$300,000
17450	17450.08	7445	7445.08	TEPD	Academy for Educational Development	\$100,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

- * Training
- *** Pre-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	24,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	12,000	False

Target Populations

General population

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Teachers

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 305.08 Prime Partner: International Rescue Committee Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 4805.08

Activity System ID: 14841

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Abstinence and Be Faithful Programs Program Area Code: 02 Planned Funds: \$192,500

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6912), Condoms and Other Prevention (#6910), Prevention of Mother-to-Child Transmission (#6911), Palliative Care: Basic Health Care and Support (#6909) and HIV/AIDS Treatment: ARV Services (#6914)

2. ACTIVITY DESCRIPTION

The International Rescue Committee (IRC) will provide abstinence and Be Faithful education to 70,000 refugees and members of the host community and train 200 people to deliver AB education. As the sole implementing partner for the health sector in Kakuma under the UNHCR umbrella since 1997, IRC will continue implementing a comprehensive prevention, care and treatment program in Kakuma Refugee camp, targeting a population of 271,000 people in the areas Kakuma, Lokichoggio and Kalakol, of which 91,000 are refugees. IRC will intensify community involvement by training refugee counterparts as volunteers to provide the services to the community. Intensive community mobilization activities will be carried out as part of health outreach services to educate the community on the benefits of AB in HIV prevention. In line with its new strategy, IRC will strengthen the capacity of local partners such as the African Inland Misison and the Kakuma Mission to undertake components of activities previously solely implemented by IRC. IRC has so far trained a community resource pool of religious and community leaders and refugee volunteers to deliver prevention interventions. These volunteers will receive update training to acquire participatory skills that would enhance greater community participation. The community outreaches will be carefully segmented so that age-appropriate interventions are delivered. In line with this, age appropriate information, education and communication (IEC) materials will be developed and utilized within the population. Young refugees separated from their families will be a special target as there are many unaccompanied youth and young adults in the camp, commonly referred to as the Lost Boys of Sudan. These unaccompanied youth will be involved in activities that provide a peer support mechanism such as vouth clubs. Comprehensive youth centers established through other partner support will be utilized for targeted youth interventions. Parents and supportive adults will be involved in selected program activities to enable them support youth in adopting safer sexual behavior. Activities for in-school youth will be developed and the teachers involved in delivering AB messages as well. Youth will be trained in participatory approaches such as magnet theatre. This activity will also target humanitarian aid workers in Kakuma and Lokichoggio through a workplace intervention. These workers are usually separated from their families for long periods of time, rendering them vulnerable to concurrent and other forms of multiple partnerships. IRC has been operational in Kenya since 1992, focusing initially on health outreach activities in Kakuma Refugee Camp. Currently there are approximately 16,000 individuals infected by HIV in Turkana

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities are consistent with the Kenya Five-Year Strategy which focuses on HIV prevention in youth and will work with to provide a supportive adult environment that will reach the youth and young married persons from amongst the 70,000 beneficiaries with AB messages and train 200 to deliver this education.

4. LINKS TO OTHER ACTIVITIES

IRC is implementing a comprehensive program in the Kakuma refugee camp, with links to IRC's OP activity (#6910); IRC CT activity (#6912); IRC PMCT activity (#6911); and IRC Care and treatment activities (#6909) and (#6914). Youth and young married people are served through these other program activities as appropriate through a strengthened referral system inside Kakuma camp. In the two host community sites at Lokichoggio and Kalokol, this activity links to CT and OP where integrated outreaches are conducted.

5. POPULATIONS BEING TARGETED

This activity will provide a major focus on younger children and youth ages 10 to 18 both through primary and secondary schools as well as men and women of reproductive age. It will target mobile populations including the refugee and the nomadic host communities. Many of the young people living in the refugee camp have had their educations disrupted and can be considered out-of-school youth. Community leaders, program managers, religious leaders and refugee counterpart volunteers will be targeted. In-school programs will closely work with teachers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The primary legislative issue addressed in this project is increasing gender equity in HIV/AIDS programs as well as addressing male norms and behaviors. It will focus on reducing violence and coercion particularly sexual violence affecting young girls and women in a refugee camp setting.

7. EMPHASIS AREAS

This activity has a major emphasis on human resources and a minor emphasis on community mobilization, information, education and communication, local organizational capacity development and training as detailed in the activity description above. It will also work towards developing networks and linkages between local organizations and various service segments. IRC will work with local community leaders to strengthen local organizational capacity. The factors that increase project costs include the insecurity, isolation, distance between locations, severe lack of infrastructure in the district, difficulty in recruiting and retaining qualified staff, and higher staff salaries to compensate for the hardship location. Project costs reflect the current lack of local capacity and need to build sustainable partnerships with local partners.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6913

Related Activity: 14840, 14842, 14845, 14846

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20516	4805.20516. 09	HHS/Centers for Disease Control & Prevention	International Rescue Committee	9076	305.09		\$144,298
6913	4805.07	HHS/Centers for Disease Control & Prevention	International Rescue Committee	4235	305.07		\$150,000
4805	4805.06	HHS/Centers for Disease Control & Prevention	International Rescue Committee	3225	305.06		\$75,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14840	4150.08	6956	305.08		International Rescue Committee	\$80,000
14842	4149.08	6956	305.08		International Rescue Committee	\$132,500
14845	4774.08	6956	305.08		International Rescue Committee	\$200,000
14846	4809.08	6956	305.08		International Rescue Committee	\$350,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	70,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	False

Indirect Targets

Target Populations
General population
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Refugees/Internally Displaced Persons
Religious Leaders
Coverage Areas

Rift Valley

Prime Partner: Hope Worldwide

Funding Source: Central GHCS (State)

Budget Code: HVAB Activity ID: 5538.08 Activity System ID: 14815 USG Agency: U.S. Agency for International Development Program Area: Abstinence and Be Faithful

Programs

Program Area Code: 02

Planned Funds: \$425,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

 Geographic coverage has been expanded to include Embu and Meru workplace programs under APHIA II Eastern with JPHIEGO and PATH

 The target population has been expanded to include adults (25 and over) both men and women including the business community

• A prevention component has been integrated that is separately budgeted and described under Activity Number (HVAB APHIA II Eastern) and includes the following elements

> Set up and implement HIV/AIDS workplace programs under APHIA II-Eastern

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6894, #6983) and OVC (#6891).

2. ACTIVITY DESCRIPTION

HOPE Worldwide Kenya (HWWK) will continue to provide HIV/AIDS education and prevention to 5 sites within Nairobi slums and Kiambu District. These sites are Dandora, Huruma and Maringo within Nairobi, and Gachie and Banana in Kiambu. The community program will continue to implement abstinence-focused activities within schools, churches, youth groups, sports clubs, and other faith-based organizations. Under the existing USAID/ PACT contract in South Africa, an abstinence-based curriculum, training in abstinence interventions, and school-based programs were developed and have been used for the last three years. The abstinence curriculum involves personal and character issues, dating and marriage, drug, substance and alcohol abuse, peer issues and social pressures. Gender-based violence, rape, and abuse are also discussed over the intensive 8-hour youth program. These participatory youth discussions follow discussion guides and are led by trained facilitators. Pre- and post-test evaluations are conducted and young people are referred to local OVC support programs if their families are affected by HIV/AIDS. Community Action Teams include parents, teachers and students, and they develop local strategies to reinforce behavior change among the youth. The intention is that the Community Action Teams plan and implement the activities with HWWK mentorship. Competent community Workshops will continue to be organized in all the program sites. Youths in Maringo will be mobilized through football tournaments during the school holidays and educated on the importance of abstinence. Partnerships with public, private and civil organizations will be established to strengthen program outputs. A 2-year model will be implemented where the HWWK ABY program will continue to work with the trained groups for two years on issues such as a comprehensive HIV/AIDS course, leadership, basic counseling skills and career development. This will increase the quality of both direct and indirect reach.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

HWWK aims to increase its contribution towards averting new HIV/AIDS infections in Kenya. This will be achieved by employing multiple strategies that help unmarried young people aged 10-24 to increase abstinence and secondary abstinence until marriage; increase faithfulness in monogamous relationships among both youth and the general population; promote HIV testing to encourage abstinence and fidelity, and help reduce the incidence of gender-based violence, sexual coercion and cross-generational sex affecting youth. HWWK will train 1,700 individuals to provide HIV/AIDS programs that promote abstinence and/or being faithful. In addition 30,000 individuals will be reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful, and of these 10,000 will receive abstinence-only messages. The training will continue to create demand for VCT services, and 200 people will be counseled and tested. In collaboration with partners, free medical camps will continue to be organized, and 600 people will be reached with care and support through the camps.

4. LINKS TO OTHER ACTIVITIES

The AB activities will be linked to other HWWK activities: bi-monthly VCT campaigns will be arranged to encourage knowledge of status, reaching 6,000 people with VCT messages. This activity relates to activities in Counseling and Testing including Hope Worldwide's VCT program (#6894), Liverpool VCT (#6983) and activities supported by GTZ. The many teenage mothers and child-headed families in Huruma will be referred to HWWK's USAID-funded OVC program (#6891). During Community Mobilization and Edutainment events, the majority of youth will be referred to the HWWK's blood donor program to give them an opportunity to become regular blood donors. This relates to activities in Blood Safety (#7011). HWWK will work through APHIA II Eastern with JPHIEGO and PATH setting up and implementing HIV/AIDS workplace programs.

5. POPULATIONS BEING TARGETED

Established social institutions such as schools, FBOs, CBOs and NGOs form the main community structures through which different age groups will be reached. A special 'A' only curriculum will be implemented among 10-14 year olds. The goal for this age group is to delay sexual debut and encourage life skills development. Among the 15-24 year olds, the goal is to increase their knowledge on abstinence and secondary abstinence options and to reach them with messages about fidelity and expanded/strengthened "A" and "B" activities. In the younger adults the goal is to increase the practice of abstinence until marriage among unmarried youth and to decrease infidelity and other harmful behaviors among both youth and adults. Among parents, teachers and community leaders, the goal is to create a supportive environment for the youth to practice abstinence and faithfulness.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The Men As Partners (MAP) activities will increase gender equity and address male norms and behaviors through the training workshops and later on become participants in forming Community Action Teams (CATs). The CATs will give younger adults an opportunity to magnify the changed behaviour to their peers. CATs have been used as a strategy to sustain messages and the program will pursue this methodology to ensure that there is support for the program and for young people making healthy choices.

7. EMPHASIS AREAS

Major emphasis in this program is training and equipping youth with relevant life skills. The youth will be equipped with negotiation skills to help them make informed choices. The 2-year model will ensure that the trained persons are thoroughly equipped to deal with a myriad of life and Adolescent Sexual Health issues. Since football is a crowd puller, football tournaments will be used to mobilize the youth for education on

Activity Narrative: these matters. HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6892

Related Activity: 14863, 14816, 14819

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20480	5538.20480. 09	U.S. Agency for International Development	Hope Worldwide	9069	3727.09	ANCHOR	\$299,288
6892	5538.07	U.S. Agency for International Development	Hope Worldwide	4227	3727.07	ANCHOR	\$219,442
5538	5538.06	U.S. Agency for International Development	Hope Worldwide	3727	3727.06	ANCHOR	\$233,990

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14863	8932.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,200,000
14816	5460.08	6949	3727.08	ANCHOR	Hope Worldwide	\$450,000
14819	4786.08	6950	375.08		Hope Worldwide	\$600,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** Pre-Service Training

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	30,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	10,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,700	False

Indirect Targets

Target Populations			
General population			
Ages 10-14			
Boys			
Ages 10-14			
Girls			
Adults (25 and over)			
Men			
Adults (25 and over)			
Women			
Other			
Religious Leaders			
Teachers			
Coverage Areas			

Coverage Areas			
Central			
Nairobi			
Eastern			

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 443.08

Prime Partner: Institute of Tropical Medicine

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Budget Code: HVAB

Activity ID: 4217.08

Planned Funds: \$705,000

Program Area Code: 02

Activity System ID: 14833

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

• The evaluation of Families Matter! in Gem as part of a community based study;

- The evaluation of Healthy Choices in Asembo;
- · The preparation of a toolkit for Healthy Choices;
- The development of a prevention intervention for adolescents living with HIV.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Condoms and Other Prevention (#6948), Counseling and Testing, (#8746).

2. ACTIVITY DESCRIPTION

The Institute of Tropical Medicine (ITM) will continue to assess a comprehensive youth intervention program in the Asembo and Gem areas of Nyanza Province, which has the highest HIV prevalence rates in the country. In Kisumu, the capital of Nyanza Province, a previous ITM study found very high rates of HIV infection among young women. Young women, aged 15 to 19 years, had a 23% HIV prevalence rate in contrast to their male counterparts with a 3.5% prevalence. A multi component program targeting adolescents directly and through their families and the community, was begun in 2002 to adapt evidence based interventions an African rural setting and to test these interventions in order to assess their effectiveness in reducing HIV and STI infection and teen pregnancy. In this project, 20,000 individuals will be reached with targeted HIV prevention messages and 500 people trained. Activities promoting abstinence and delay of sexual debut in young people have been key in a multi-component intervention program to improve adolescents' sexual and reproductive health. This comprehensive youth intervention program includes two AB activities. One activity being conducted by ITM is the implementation of a "Families Matter" curriculum targeting parents or guardians of 9 to 12 year olds. It is an adaptation of "Parents Matter" curriculum which CDC has evaluated in the US. The program brings together small groups of parents and aims to promote positive parenting practices and improve effective communication about sexuality and sexual risk reduction between parents and their children. Preliminary analysis of a recent assessment of Families Matter, 15 months post-intervention, seems to indicate a sustained positive effect in terms of parenting and communication skills reported by participants and their children separately. To date, parents, community and religious leaders in Asembo and Gem are very supportive of this approach of enabling parents to take a more active role in HIV prevention for their adolescent children. The program has been scaled-up and 1,800 families have participated in the intervention so far. Another activity is an abstinence based curriculum targeting school-going children aged 10 to 14 years old. "Healthy choices for a better future" is an adaptation of "Making A Difference", a curriculum that was selected by CDC as an effective intervention. The adapted curriculum has been piloted, and ITM is currently developing a proposal to evaluate this component as well. Efforts to change the social norms which contribute to this high risk for young girls are part of this intervention. The project has also found that the lack of skills and employment opportunities contributes to high risk behavior among girls and boys, so one aspect of the project is the provision of vocational skills and opportunities for income generating activities for these youth.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This project will contribute to the Kenya Five-Year Strategy which focuses on HIV prevention in youth, since the primary target group is young people, including children aged 10 to 14. Targets in this project will contribution to HIV infections averted through reaching 20,000 youth and parents and training 500 community leaders and facilitators.

4. LINKS TO OTHER ACTIVITIES

This activity will be linked to KEMRI AB activity (#6943), KEMRI OP activities in Kisumu (#6948) and ITM CT activities (#8746). KEMRI and ITM work together on this program and KEMRI provides the bulk of the human resource who implement this program. Referral linkages between these programs have also been established.

5. POPULATIONS BEING TARGETED

The primary population being targeted is primarily a rural community including both in-school and out-ofschool youth. Ages of youth targeted range from 10 to the early 20's. Age-appropriate curricula are used with each group. In addition, their parents and family members, mainly men and women of reproductive age, and HIV/AIDS affected families are targeted. Community and religious leaders as well as volunteers are targeted by the project. The project will work with teachers in in-school programs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This project will have a strong gender component, including increasing young women's access to income and productive resources, addressing male norms and behaviors and increasing gender equity in HIV/AIDS programs.

7. EMPHASIS AREAS

The primary emphasis area is human resources, as the project has a large staff needed to implement and assess the impact of these interventions. IEC activities to educate the youth and their parents about abstinence and faithfulness as well as training are minor emphasis. The project will train implementers and provide very close Quality Assurance, Quality improvement and Supportive Supervision in the curricula adaptation process.

New/Continuing Activity: Continuing Activity

Continuing Activity: 6903

Related Activity: 14876, 14877, 14880

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20506	4217.20506. 09	HHS/Centers for Disease Control & Prevention	Institute of Tropical Medicine	9074	443.09		\$542,568
6903	4217.07	HHS/Centers for Disease Control & Prevention	Institute of Tropical Medicine	4232	443.07		\$500,000
4217	4217.06	HHS/Centers for Disease Control & Prevention	Institute of Tropical Medicine	3248	443.06		\$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14876	4089.08	6964	210.08		Kenya Medical Research Institute	\$641,500
14877	4094.08	6964	210.08		Kenya Medical Research Institute	\$703,500
14880	4087.08	6964	210.08		Kenya Medical Research Institute	\$3,300,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	20,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	500	False

Indirect Targets

Target Populations			
General population			
Children (5-9)			
Boys			
Children (5-9)			
Girls			
Ages 10-14			
Boys			
Ages 10-14			
Girls			
Ages 15-24			
Men			
Ages 15-24			
Women			
Adults (25 and over)			
Men			
Adults (25 and over)			
Women			
Other			
Religious Leaders			

Coverage Areas

Nyanza

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 375.08 Prime Partner: Hope Worldwide Funding Source: GHCS (State) Budget Code: HVAB Activity ID: 4198.08 Activity System ID: 14817 Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Abstinence and Be Faithful Programs Program Area Code: 02 Planned Funds: \$175,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

 Geographic coverage has been expanded to include other sites in Kitengela, Kajiado Township, Wote and Ikutha already identified as underserved.

 \$50,000 of this activity is programmed with funds from the \$7 million FY 2008 plus up for the Healthy Youth Programs Initiative.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6894, #6983) and OVC (#6891).

2. ACTIVITY DESCRIPTION

Hope Worldwide (HWW) will provide behavioral interventions to promote a comprehensive abstinence and faithfulness HIV prevention strategy among 30,000 youth. It will also train 300 people to deliver the AB interventions. These program leaders will deliver AB education and life skills that will provide a motivation for young people to adopt AB for HIV prevention. HWW will work with parents and adults in each community to encourage their involvement in supporting young people on the AB path. Community discussions between youth and adults will be encouraged and through reinforcement and booster sessions, develop strong community values that promote AB. This activity will intensively involve youth and they will play an integral role in providing peer education amongst themselves. HWW is a faith-based charity founded in 1991 by the International Churches of Christ. Its programs are designed to provide medical treatment, poverty relief and restore hope among those who are downcast as a result of disease, poverty or abandonment. They are directed toward helping people regain their worth and realize their potential. In 2003, CDC funded Hope Worldwide through a locally executed contract to start up youth targeted HIV/AIDS prevention including VCT in slums of Nairobi. With funds from the Presidential Initiative, Hope worldwide will scale up these youth targeted activities for young people in slums and other vulnerable situations. HWW will continue its work in Nairobi's Mukuru slums and Rongai as well as in the Eastern Kenya region at two adjacent locations Makindu and Kibwezi, both of which were previously supported by HHS/GAP funds. Program improvement will be another significant change in which HWW will reorganize its programmatic elements and concentrate on more targeted interventions. It will continue to undertake community participatory approaches to discuss HIV prevention, targeted education using curriculum based approaches. The project will also train young people to serve as volunteers in actively reaching out to their peers with targeted abstinence, faithfulness and other behavior change messages for young people. In given settings, especially in communities surrounding hot spots, efforts will be made to divert young girls from entry into commercial sex work and motivate them to behavior change through providing them with education and life skills, including livelihood skills. This project will also provide settings for post-test clubs to help young people maintain safe behavior and reduce their risk of HIV infection. Young partners, including married partners will be encouraged to sustain marital faithfulness with partners of known negative serostatus and partner reduction for those with multiple partners. HWW will also initiate activities under the Healthy Youth project initiative (HYPE).

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

During the FY 2008 project period, a total of 30,000 individuals will be reached with community outreach programs that promote abstinence and/or being faithful through three project sites. 300 individuals will be trained to provide abstinence and faithfulness behavior change education and life skills to young people through peer educator training, magnet theatre training and training teachers and community/faith based organizations' leaders. HWW will continue to implement the Men As Partners (MAP) life skills curriculum in all of its project sites to address gender norms and improve young people's perceptions on their vulnerability.

4. LINKS TO OTHER ACTIVITIES

The AB activities will be linked to other HWWK activities: bi-monthly VCT campaigns will be arranged to encourage knowledge of status, reaching 6,000 people with VCT messages. This activity relates to activities in Counseling and Testing including Hope Worldwide's VCT program (#6894), Liverpool VCT (#6983) and activities supported by GTZ. The many teenage mothers and child-headed families in Huruma will be referred to HWWK's USAID-funded OVC program (#6891). During Community Mobilization and Edutainment events, the majority of youth will be referred to the HWWK's blood donor program to give them an opportunity to become regular blood donors. This relates to activities in Blood Safety (#7011).

5. POPULATIONS BEING TARGETED

This activity targets the general population of men and women of reproductive age as well as children and youth in primary and secondary schools. It also targets out-of-school youth including youth in the slums and young people in the areas surrounding the highway hotspots. It will also target youth from migrant worker families such as plantations in Kibwezi. This activity will work with parents and adults to increase their involvement in promoting abstinence and partner faithfulness to their youth. It will encourage dialogue between parents and youth to discuss HIV and behavior change issues. Community leaders, program managers, religious leaders and volunteers will be targeted for training in promotion of HIV/AIDS prevention through their involvement in community-based organizations and faith based organizations. All in-school programs will work with teachers. Rural communities in Makindu and Kibwezi will be targeted.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in HIV/AIDS programs and address male norms and behaviors as well as reducing violence and coercion through training youth using the Men As Partners curriculum.

7. EMPHASIS AREAS

The major emphasis will be on community mobilization and participation. Minor emphasis will be on human resources, development of networks and referral linkages, provision of information, education and communication and training youth and leaders.

Continuing Activity: 6893

Related Activity: 15042, 14920

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20482	4198.20482. 09	HHS/Centers for Disease Control & Prevention	Hope Worldwide	9070	375.09		\$536,929
6893	4198.07	HHS/Centers for Disease Control & Prevention	Hope Worldwide	4228	375.07		\$100,000
4198	4198.06	HHS/Centers for Disease Control & Prevention	Hope Worldwide	3240	375.06		\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15042	9079.08	7028	4955.08	Community Grants Program	US Department of State	\$350,000
14920	4176.08	6974	360.08		Liverpool VCT and Care	\$2,400,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	30,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	300	False

Target	Popu	lations

General population	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Special populations	
Most at risk populations	
Street youth	
Other	
Discordant Couples	
People Living with HIV / AIDS	
Religious Leaders	
Teachers	

Coverage Areas	
Eastern	
Nairobi	

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 692.08

Prime Partner: Impact Research and Development Organization Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Funding Source: GHCS (State)

Budget Code: HVAB Activity ID: 4246.08 Activity System ID: 14822 Program Area: Abstinence and Be Faithful Programs Program Area Code: 02 Planned Funds: \$1,632,500

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

• Geographic coverage has been revised (or expanded) to include other low income settlements adjacent to Kisumu City, namely, Mamboleo, Kisian, Kibos and Nyamasaria, as well as one new division in Suba district (Magunga);

• The target population has been or expanded to include parents, pre-pubescent and early adolescents (through the Families Matter! Curriculum) and school-going youth in Suba district;

Other changes include: \$103,600 of this activity is programmed with funds from the \$7 million FY 2008 plus up for the Healthy Youth Programs Initiative (HYPE), which will be integrated into the Tuungane site.
 FY07 PLUS UP ADDITIONS: This plus-up allocation will support an expansion of current 07 COP activities. The Tuungane project will strengthen the scope of its current prevention program by targeting parents through implementation of the Families Matter! intervention. Tuungane will train parents drawn from the Kisumu slums within which the youth program targets. These will include parents of children in and out of schools targeted by the project within the 6 main slum neighborhoods of Kisumu. This activity will be integrated into the home-based counseling and testing and general prevention. It will help accelerate prevention through the involvement of parents; both to target them with prevention education focusing on faithfulness with knowledge of serostatus, as well as improve their ability to discuss HIV prevention with their young pre-adolescents and adolescents. Tuungane will expand activities in Suba to work with parents and adults to ensure a supportive environment for youth. It will also help to enhance faithfulness workers in selected beaches of Suba district.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8751), Condoms and Other Prevention (#6897) and HIV/AIDS Treatment: ARV Services (#7090).

2. ACTIVITY DESCRIPTION

Impact Research & Development Organization (Impact Research) will reach 100,000 youth, including young HIV-negative men receiving circumcision, under the Tuungane behavior change project through providing Abstinence and Faithfulness education and related services through seven youth-friendly centers in six major slum neighborhoods of Kisumu, Nyanza Province. Tuungane will also step up activities with the Suba community. A central referral and coordination center will continue to serve as the hub of all AB youth activities and at least 300 youth with receive a curriculum-based training on life planning skills. 130 service providers will also receive training in Medical Male circumcision. The Tuungane project will enhance adult involvement in the AB program through training 200 adults, including parents, teachers and religious leaders as supportive adults for the youth. The project will intensify its efforts to reach out to at least 3,000 at-risk girls with behavior change interventions and improve the involvement of girls in all elements of the project. This will be done through forming reproductive health clubs for out of school girls and teen mothers. An important need identified by the project in the previous year is addressing sexual violence through integrating it into the education for behavior change activities. This will be coupled with educating youth on the increased HIV vulnerability in the context of alcohol and substance abuse. Tuungane has demonstrated a remarkable strength in implementing intensive and quality interventions in the community and has useful lessons which will be scaled up to the underserved and highly vulnerable population of Suba district in Nyanza. Tuungane will work with schools in Suba as well as with out of school youth including the beach community and the general community of youth and young adults to provide comprehensive AB education. These activities will contribute to our results of improved HIV preventive behaviors among youth, changed social and community norms to promote HIV preventive behaviors in youth and young adults, and models for effective youth interventions tested. The Tuungane project was funded under a CDC Cooperative Agreement in October 2004 and works within Kisumu urban slums whose estimated youth population is 80,000. The project and the specific interventions will be studied for effectiveness by Kenyan evaluators who are part of the staff of Impact Research and Development Organization. Youth will be continually involved in activities that help sustain HIV preventive behavior through periodic training in life skills. To provide a supportive environment for young people's adoption and maintenance of HIV preventive behavior, parents, religious and community leaders will be reached with targeted activities. These changes will contribute to testing a model of effective youth interventions. It will also improve social and community norms to promote HIV preventive behaviors in youth and young adults. Most importantly, it will make significant contributions to improved HIV preventive behaviors for youth through strengthening life skills.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Abstinence and faithfulness activities will target youth in the slum areas of Kisumu and selected sites in Suba District. This will significantly contribute to the PEPFAR goals of averting HIV infections among youth. Specifically, this project will train 430 leaders and health service providers to reach 100,000 youth with AB messages.

4. LINKS TO OTHER ACTIVITIES

Tuungane's AB activities in Kisumu slums relate to activities in CT (#8751), OP (#6897) ART UCSF/FACES (#7090). Linkages between existing youth service providers include the Family Health Options Kenya, the Network for Adolescents and Youth in Africa, local youth groups, and the Municipal Council of Kisumu. A strong referral linkage will be strengthened for young people who test positive. Currently, referrals for young couples are made to the KEMRI/CDC PEPFAR-supported patient support center of the Nyanza provincial general hospital as well as the FACES project.

5. POPULATIONS BEING TARGETED

This activity targets the general population including men and women of reproductive age as well as youth, especially young girls and boys in and out of school. It will target PLWHAs and incorporate them into their education program. It will also work with street youth and out-of-school youth. It will strengthen its community involvement through working with community, program, religious leaders and volunteers. In-school programs will involve training teachers on communication skills with youth on sexual and reproductive health issues. Existing community structures will be utilized including youth and community organizations as well as faith-based organizations. The proposed work in Suba will serve rural communities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Activity Narrative: This project will address key legislative issues particularly gender issues. The project will work at increasing gender equity in its programming, particularly enhancing the participation of young women in the AB activities. Participatory approaches such as magnet theatre will be employed to address male norms and behaviors as well as the reduction of violence and coercion through the life skills training. Stigma and discrimination will be addressed through intensive community education and sensitization forums.

7. EMPHASIS AREAS

This program will have a major emphasis in community mobilization/participation. Minor emphasis will be place on development of network/linkages/referral systems, information education and communication, training, needs assessment and human resources. Another component will be Service Delivery in Facilities and through Mobile approaches: In collaboration with the MOH, the Nyanza Circumcision Consortium, through IRDO, will work on targeted roll-out of MC services in Nyanza. Service delivery capacity-building will be rolled out in government district hospitals and some private facilities where providers have been trained and where other USG PEPFAR partners, including KEMRI, are currently working. In addition to training, support will be provided for non-consumable commodities (i.e. autoclaves, instrument packs, surgical lamps, etc...) personnel and other infrastructure that will be necessary for MC service delivery. Service roll-out will initially target areas with high existing demand for MC services and will be integrated into discordant couples services for discordant male partners of women in care and treatment programs. Mobile service provision will be provided by mobile teams consisting of approximately seven people (including 2 clinical officers, 1 VCT/behavioral counselor, 2 surgical nurses, 1 sterilizer/cleaner and 1 driver) targeting high risk groups, such as STI patients, beach populations, young men in the public transport sector, jua kali artisans, and truck drivers, as well as areas of very high HIV prevalence. For example, mobile services will be provided in Suba District, Kenya's highest HIV prevalence district, to complement the current door-to-door VCT program that PEPFAR is supporting there. In addition, services will be provided within areas such as the Demographic Surveillance Study area where operational evaluation can be conducted and in other areas where PEPFAR services exist. A critical component of this activity will be the provision of AB counseling and interventions for men undergoing both VCT and circumcision. This activity will help to develop several AB interventions that can be used to help reduce any sexual disinhibition which may come as a result of programmatic scale-up of MC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6896

Related Activity: 14823, 14824, 15023

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20489	4246.20489. 09	HHS/Centers for Disease Control & Prevention	Impact Research and Development Organization	9072	692.09		\$4,000,000
20488	4246.20488. 09	HHS/Centers for Disease Control & Prevention	Impact Research and Development Organization	9072	692.09		\$1,251,185
6896	4246.07	HHS/Centers for Disease Control & Prevention	Impact Research and Development Organization	4229	692.07		\$845,000
4246	4246.06	HHS/Centers for Disease Control & Prevention	Impact Research and Development Organization	3259	692.06		\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14823	6583.08	6952	692.08		Impact Research and Development Organization	\$3,072,500
14824	8751.08	6952	692.08		Impact Research and Development Organization	\$500,000
15023	4138.08	7011	288.08		University of California at San Francisco	\$4,930,305

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Male circumcision

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	100,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	430	False

Indirect Targets

Target Populations

Ge	eneral population
Ag	jes 10-14
	Boys
Ag	jes 10-14
	Girls
Ag	jes 15-24
	Men
Ag	jes 15-24
	Women
Ad	lults (25 and over)
	Men
Ad	lults (25 and over)
	Women
Sp	pecial populations
Мс	ost at risk populations
	Street youth
Ot	her
Or	phans and vulnerable children
Bu	isiness Community
Dis	scordant Couples
Pe	ople Living with HIV / AIDS
Re	eligious Leaders
Те	achers

Coverage Areas

Nyanza

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 4913.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVAB Activity ID: 8950.08

Activity System ID: 14807

Mechanism: APHIA II - Coast

USG Agency: U.S. Agency for International Development Program Area: Abstinence and Be Faithful Programs Program Area Code: 02

Planned Funds: \$2,000,000

The only changes to the program since approval in the 2007 COP are:

 Geographic coverage has been expanded to include 3 additional districts in the Coast Province: Kilindini, Kaloleni and Tana River

• \$300,000 of this activity supports the healthy youth initiative and is programmed with funds from the \$7 million FY 08 plus up

· Peer education activities will be rolled out with the Kenya Girl Guides Association

AB funds totaling \$23,000 will contribute to the sensitization of teachers as a worksite population linking with additional OP and OHPS funds for a \$150,000 activity to reach 750 teachers and train 20 more
Most-at-risk populations in Mariakani along the Mombasa-Kampala transport corridor will be targeted with prevention activities using a "cluster" approach

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HIV/AIDS Treatment: ARV Services (#8813), Counseling and Testing (#8781), Orphans and Vulnerable Children (#9048), Palliative Care: Basic Health Care and Support (#8934), Palliative Care: TB/HIV (#9062), Condoms and Other Prevention Activities (#8930), Prevention of Mother-to-Child Transmission (#8764), Strategic Information (#9711).

2. ACTIVITY DESCRIPTION

\$300,000 of this activity supports the healthy youth initiative and is programmed with funds from the \$7 million FY 08 plus up. In 2008, FHI will implement APHIA II Coast activities to reach 700,000 individuals, especially youth, and train 3,000 peer educators. AB activities will be expanded to 3 additional districts (Kilindini, Kaloleni and Tana River) in the Coast Province. This activity will reach 500,000 youth with abstinence and being faithful messages. They will employ the 360-degree Model of Protection that seeks to delay first sexual encounter and increase secondary abstinence among youth ages 10 to 24 years, as well as increase safer sexual practices among sexually active youth, especially mutual fidelity. The model calls upon families, schools, health facilities and communities to meet the HIV/AIDS and RH needs of youth by developing activities that build the capacity of young people to establish and maintain healthy behaviors to avoid HIV and STIs. The model aims to provide young people with a supportive environment that involves their family, peers, school, and community. Approximately 2,500 people will be trained to provide AB programs among youth. The activity will be implemented by FBO sub-partners such as Anglican, Seventh Day Adventist and Catholic churches as well as the Muslim institutions to integrate life skills programs with their youth programs. These programs have been equipping youth with skills to cope with peer pressure and help them develop positive norms and values to make appropriate and safe choices in relationships. In addition, the activity will work with Kenya Girl Guides Association (KGGA) to reach out to more youth in school with abstinence only messages through a life skills program and the "Sara" communication initiative. Malindi Education Development Association (MEDA) will target Muslim youth in Malindi with abstinence and be faithful programs. The activity will also develop, produce and distribute abstinence-specific communication materials through the various partners and networks implementing the activity in Coast Province. The activity will expand the youth peer education interventions using the Y-PEER approach established by YouthNet and UNFPA; work with the Provincial Education Office and KGGA to roll out the life skills peer education program established under the IMPACT Project for schools in Coast Province. In addition, the activity will work with the Kenya sign language project (implemented by U.S. Peace Corps) to introduce HIV/AIDS education to institutions such as computer colleges, driving schools, village polytechnics, and Shanzu Teachers Training College. The project will also use the AIDS education approaches of "I Choose Life" who have developed a peer education program for university students and the National Organization of Peer Educaotors' Ambassadors of Change. Sub awards will be made to the National Organization for Peer Educators, YouthNet, the Kenya Girl Guides Association, Malindi Education Development Association, Seventh day Adventist, Anglican and Catholic churches in Coast province.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This APHIA II Coast project will contribute to the Kenya 5-Year Strategy in which youth are a primary target. This activity will reach 500,000 youth with abstinence and being faithful messages and another 300,000 with abstinence messages in Coast Province. Targets in this project will also contribute to numbers of HIV infections averted.

4. LINKS TO OTHER ACTIVITIES

The APHIA II Coast Abstinence and Be Faithful Program activities will relate to HIV/AIDS treatment services (#8813), counseling and testing (#8781), OVC (#9048), HBHC (#8934), TB/HIV care activities (#9062), OP (#8930), PMCT (#8764), and strategic information (#9711). This activity will link the target population to other prevention services especially for the sexually active youth and also encourage all to know their status by linking to counseling and testing services and treatment for those eligible for ART.

5. POPULATIONS BEING TARGETED

In- and out-of-school youth and community and religious leaders in three districts are the target group. This target population will be reached through local community, religious leaders, and teachers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Gender will be addressed through many school programs including those targeting young girls and specifically work with the Kenya Girl Guide Association. The materials developed under this activity will also address issues surrounding stigma and discrimination.

7. EMPHASIS AREAS

Emphasis areas covered by this activity include local organization capacity development as a high percentage of effort. Activities will include peer education and training teachers and other leaders to promote AB messages for youth. In addition, the program emphasis includes community mobilization through religious leaders and teachers, information, education and communication through the development and printing of materials such as comic books and magazines articles, and curricula targeting youth and promoting AB.

New/Continuing Activity: Continuing Activity

Continuing Activity: 8950

Related Activity: 14808, 14809, 14810, 14811, 14812, 14813

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20466	8950.20466. 09	U.S. Agency for International Development	Family Health International	9067	4913.09	APHIA II - Coast	\$300,000
20465	8950.20465. 09	U.S. Agency for International Development	Family Health International	9067	4913.09	APHIA II - Coast	\$1,739,350
8950	8950.07	U.S. Agency for International Development	Family Health International	4913	4913.07	APHIA II - Coast	\$1,670,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14808	8930.08	6948	4913.08	APHIA II - Coast	Family Health International	\$1,800,000
14809	8934.08	6948	4913.08	APHIA II - Coast	Family Health International	\$1,205,000
14810	9062.08	6948	4913.08	APHIA II - Coast	Family Health International	\$390,000
14811	9048.08	6948	4913.08	APHIA II - Coast	Family Health International	\$4,950,000
14812	8781.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000
14813	8813.08	6948	4913.08	APHIA II - Coast	Family Health International	\$4,900,000

Emphasis Areas

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Local Organization Capacity Building

Workplace Programs

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	700,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	3,000	False

Indirect Targets

Target Populations		
General population		
Children (5-9)		
Boys		
Children (5-9)		
Girls		
Ages 10-14		
Boys		
Ages 10-14		
Girls		
Ages 15-24		
Men		
Ages 15-24		
Women		
Adults (25 and over)		
Men		
Adults (25 and over)		
Women		
Other		
Discordant Couples		
Religious Leaders		
Teachers		

Coverage Areas

Coast

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 4916.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 9070.08

Activity System ID: 14798

Mechanism: APHIA II - Rift Valley

USG Agency: U.S. Agency for International Development Program Area: Abstinence and Be Faithful Programs Program Area Code: 02

Planned Funds: \$2,100,000

The only changes to the program since approval in the 2007 COP are:

• \$100,000 of this activity supports the Youth Prevention Initiative programmed with funds from the \$7 million FY 08 plus up

geographic coverage has been expanded to include Pokot West, Pokot East, Trans Nzoia South, Trans Nzoia North, Baringo North, Baringo Central, Turkana North, Turkana South, Marakwet and Keiyo districts.
the target population has been expanded to include the disabled population, Kenya Girl Guides Association and teachers at the worksite.

• \$23,000 in AB funds will go toward this worksite activity complemented by allocations in OP and OHPS totaling \$150,000 to reach 750 teachers and train 20 more

• in response to the Ministry of Education's request the KARHP methodology will be rolled out targeting teachers and in-school youth

• APHIA II RV will expand to include activities of the former TCI in at least one community (Salgaa) along the Mombasa/Kampala highway

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HVCT (#8776), HBHC (#8929), HTXS (#8797), HVOP (#9040), HKID (#9029), MTCT (#8733) and HVTB (#9065).

2. ACTIVITY DESCRIPTION

APHIA II Rift Valley (A2RV) will reach 700,000 individuals with abstinence and being faithful messages in the Rift Valley. They will employ a 360 degree Model of Protection that seeks to delay first sex and increase secondary abstinence among youth between the ages of 10-24 years and increase safer sexual practices among sexually active youth as well as promote fidelity and monogamous relationships among the general population of Rift Valley. They will also seek to reach community women in low resource settings, teachers, health care providers, the clergy and religious leaders with a special and specific focus on PLWHA and provide the targeted populations with comprehensive skills for prevention of infection by STIs in general and HIV in particular. The model calls upon families, schools, health facilities, places of worship and communities to meet the HIV/AIDS needs of the populations by developing activities that build the capacity of the populations to establish and maintain healthy behaviors to avoid HIV and STIs and to advocate for cultural changes that promote low-risk behavior. The model aims to encompass individuals with a supportive environment at every level of their lives (family, peers, school and community). 3,000 individuals will be trained to provide AB programs in the different groups. The AB program will be implemented by FBO sub-partners and other NGO/CBOs to integrate life skills programs for HIV/AIDS prevention, drug and alcohol abuse. In addition, A2RV will work with the Kenya Girl Guides Association (KGGA), the Ministry of Education and the Kenya Network of Positive Teachers, utilizing the Kenya Adolescent Reproductive Health (KARHP) methodology, to reach out to more youth in and out of learning institutions. Young Mens Christian Association (YMCA) will target underserved populations with Abstinence and Being Faithful programs targeting Christian and Muslim faithful in Naivasha and Gilgil. The activity will work with Islamic leaders like Imams and Madrassa teachers to reach the Muslim faithful. Partners for Progress (PfP) will target youth out of school in Nakuru North, Nakuru South, Molo, Naivasha, Narok North, Narok South, Kajiado, Loitokitok, Laikipia East and Laikipia West districts as well as target young female sex workers in all the districts with livelihood skills to provide them an alternative to sex work. SWAK will work with community women and their partners in low resource settings to promote mutual fidelity. The activity will engage the Girl Guides in community outreach to deliver messages on prevention. The activity will also develop, produce and distribute prevention communication material through the various partners and networks implementing the activities in the Rift Valley province. Adolescent OVC's will be targeted by integrating prevention education and life skills into the OVC support activities and by involving KGGA in community outreach programs to target such vulnerable peers.

The activity will expand the youth peer education interventions using the Y-Peer approach established by Youth-Net and UNFPA; work with the Provincial Education Office, Kenya National Union of Teachers (KNUT) and KGGA to roll out life-skills peer education programs to schools in Rift Valley Province; and work with tertiary training colleges, polytechnics and universities to integrate HIV/AIDS education using the 'I Choose Life' approach and NOPE's Ambassadors of Change (AOC) approach. APHIA II Rift Valley will collaborate with more local youth groups and partners to implement the program.

The activity will link to counseling and testing, RH/FP, and other facility based services that enable the reached populations to access treatment and other services. Particular attention will be given to creating linkage with Gender based violence prevention and mitigation

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will reach 950,000 people through AB messages, contributing significantly to the overall 2007 PEPFAR goals. The activity will seek to integrate prevention with all community outreach for treatment and care with a special emphasis on youth. It will significantly contribute to PEPFAR's goals for primary prevention.

4. LINKS TO OTHER ACTIVITIES The activity will link to other APHIA Rift Valley activities in CT (#8776), HBHC (#8929), ART (#8797), OP (#9040), OVC (#9029), PMTCT (#8733) and TB/HIV (#9065) that all seek to provide comprehensive, district-based services coordinated at the provincial level.

5. POPULATIONS BEING TARGETED This activity targets adults, children and youth, particularly girls, boys, primary and secondary school students.

6. KEY LEGISLATIVE ISSUE ADDRESSED Key legislative issues which will be addressed include gender, addressing male norms and behaviors, volunteers, stigma and discrimination, and education at primary and secondary levels.

7. EMPHASIS AREAS The activity will have a major emphasis on local organizational capacity development with lesser emphases on information, education and communication, training and community mobilization and participation.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9070

Related Activity: 14799

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20453	9070.20453. 09	U.S. Agency for International Development	Family Health International	9066	4916.09	APHIA II - Rift Valley	\$1,817,305
9070	9070.07	U.S. Agency for International Development	Family Health International	4916	4916.07	APHIA II - Rift Valley	\$1,720,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14799	9040.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$1,700,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	700,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	3,000	False

Indirect Targets

Target Populations	
General population	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Special populations	
Most at risk populations	
Street youth	
Other	
Orphans and vulnerable children	
Religious Leaders	
Teachers	

Coverage Areas

Rift Valley

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3575.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 5130.08

Activity System ID: 14790

Mechanism:Contraceptive Research
Technology and UtilizationUSG Agency:U.S. Agency for International
DevelopmentProgram Area:Abstinence and Be Faithful
ProgramsProgram Area Code:02Planned Funds:\$600,000

The only changes to the program since approval in the 2007 COP are:

• Increase the total number of trained student peer educators to 800, providing life skills training for new peer educators (PEs) and refresher training for continuing PEs;

• Continue to strengthen and expand small behavior change communication (BCC) groups where PEs will introduce and reinforce ABC messages through ongoing, regular interaction with the students in the group reaching at least 25,000 students with AB messages;

• Continue to disseminate the radio series developed in 2007 to reach an additional 50,000 individuals with AB prevention messages;

• Collaborate with the School of Journalism at the University of Nairobi as well as campus theatre groups and other student clubs and organizations to build their capacity to understand and incorporate ABC prevention messages into their ongoing work on campuses;

Synthesize and package lessons learned after nearly four years of implementing the intervention with ICL;
Develop and implement a transition plan with ICL to promote sustainability, scale-up of the intervention activities and graduation to a primary partner if possible.

1. LIST OF RELATED ACTIVITIES

As the target population is at risk for sexual activity and it may not be possible to practice abstinence and faithfulness only, the activity is linked to Condoms and Other Prevention (#6887).

2. ACTIVITY DESCRIPTION

Since FY 2005, FHI/CRTU has collaborated with "I Choose Life" (ICL) to reach youth in special groups with ABC messages in a balanced way. In FY 2008, ICL will continue to increase the total number of trained student peer educators to 800 and reach 25,000 students with AB messages on University of Nairobi campuses including the main campus, KNH campus, Chiromo, Kikuyu and Lower Kabete. Ongoing life skills training and small behavior change communication (BCC) groups will continue to be further refined and expanded to ensure additional students are equipped with personal values, attitudes and life skills to prevent HIV infection and unintended pregnancy. FHI/CRTU and ICL will continue to strengthen life skills training, particularly to address gender equity issues, and cover all campuses of University of Nairobi to incorporate information about family planning in the ongoing peer education and BCC program. Radio will continue to be used to reach students with vital health and ABC prevention messages that resonate with university youth. The radio series developed in 2007 will continue to be disseminated to reach an additional 50,000 with ABC prevention messages. FHI/CRTU will also collaborate with the School of Journalism at the University of Nairobi as well as campus theatre groups and other student clubs and organizations to build their capacity to understand and incorporate ABC prevention messages into their ongoing work on campuses. FHI/CRTU will conduct a project evaluation to evaluate the effectiveness and costs of the intervention. Also, FHI/CRTU will synthesize and package lessons learned after nearly four years of implementing the intervention with ICL. Findings from the evaluation and lessons learned will be disseminated. Also, FHI/CRTU and ICL will begin developing and implementing a transition plan to promote sustainability and scale-up of the intervention activities.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to prevention targets by targeting special youth groups, i.e. university students. Behavior change among university students is expected to have a multiplier effect as university students are viewed as "successful" role models by other youth. These activities are consistent with the Kenya Five-Year Strategy targeting young people as full partners in defining and delivering programs and messages.

4. LINKS TO OTHER ACTIVITIES

As the target population is at risk for sexual activity which may not be possible to abstain from, the activity is linked to OP interventions as well. This activity is also related to Condoms and Other Prevention implemented by FHI/CRTU (#6887).

5. POPULATIONS BEING TARGETED This activity targets university students.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues include gender by addressing male norms and behaviors for university students that will result in reduced violence and coercion against others. Other issues addressed include stigma and discrimination since it is key for effectiveness of peer educators who are volunteers.

7. EMPHASIS AREAS

The major emphasis area for this activity is project evaluation. Since FHI is also imparting skills to ICL to carry out these peer education prevention activities, local organization capacity development is a minor emphasis area. ICL uses a network of peer educators to disseminate prevention messages, making development of network/linkages/referral systems minor emphasis areas. Gender issues, particularly addressing male norms and behaviors as well as reducing violence and coercion, are also emphasized.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6889

Related Activity: 14791

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20445	5130.20445. 09	U.S. Agency for International Development	Family Health International	9064	3575.09	Contraceptive Research Technology and Utilization	\$467,760
6889	5130.07	U.S. Agency for International Development	Family Health International	4225	3575.07	Contraceptive Research Technology and Utilization	\$340,000
5130	5130.06	U.S. Agency for International Development	Family Health International	3575	3575.06	Contraceptive Research Technology and Utilization	\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14791	4965.08	6945	3575.08	Contraceptive Research Technology and Utilization	Family Health International	\$200,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion
- Human Capacity Development
- * Training
- *** Pre-Service Training
- Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Family Planning

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	25,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	800	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 4915.08

Prime Partner: Engender Health

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 8989.08

Activity System ID: 14778

Mechanism: APHIA II - Nyanza USG Agency: U.S. Agency for International Development Program Area: Abstinence and Be Faithful Programs Program Area Code: 02 Planned Funds: \$1,800,000

The only changes to the program since approval in the 2007 COP are:

• geographic coverage has been revised to include Kuria, Gucha and Masaba districts

• \$100,000 of this AB activity is programmed with funds from the \$7million FY08 plus-up for the Youth Prevention Initiative

• the KARHP methodology will be rolled out in collaboration with the Ministry of Education, Ministry of Health and Ministry of Gender, Sports, Culture and Social Services at approximately \$250,000

peer education activities will be rolled out with the Kenya Girl Guides Association

• AB funds totaling \$23,000 will contribute to the sensitization of teachers as a worksite population linking with additional OP and OHPS funds for a \$150,000 activity to reach 750 teachers and train 20

1. LIST OF RELATED ACTIVITIES This activity relates to activities in Counseling and Testing (#8760), OHPS (####) and Condoms and Other Prevention (#8942).

2. ACTIVITY DESCRIPTION

The APHIA II Nyanza project implemented by EngenderHealth initiated support to AB activities in Nyanza Province in FY 2006. \$100,000 of this activity is programmed with funds from the \$7 million FY 08 plus up for the Youth Prevention Initiative. This activity will continue to equip youth with skills to cope with peer pressure and help them develop positive norms and values to make appropriate and safe choices in relationships. It will target youth both in and out of school expanding abstinence-based programs for youth through child-to-child programs in Nyanza Province. Building on the KARHP model, the project will work closely with the Ministry of Education, Ministry of Health and Ministry of Culture, Sports, Gender and Social Services. In schools, 100 teachers will be trained in adolescent development, gender issues, and HIV information and facilitation skills. They will train 900 secondary student peer educators and 1700 primary student peer educators who will then implement a child-to-child school program targeting primary school children. Further, 150 youth advocates will be trained to implement youth-to-family activities, a significant innovation in the community in FY 2008 aimed at reaching out-of-school youth. The program will promote abstinence and responsible decision making, including promotion of counseling and testing to youth out of school to reduce the risk of contracting HIV/AIDS. These abstinence and behavior change activities will reach 250,000 in-school youth in urban and rural settings. Further, 150 youth magnet theatre members from 100 theatre troupes will be trained or re-trained in abstinence and being faithful messages aimed at reaching out-of-school youth. Much of this work with theatre groups will be interlinked with the peer educators in religious institutions, a continuing program from the 2007 COP. These activities will reach 250,000 out-of-school youth. This project will work in close collaboration with the National AIDS and STI Control Programme of the Ministry of Health, ensuring that activities meet the Government of Kenya priorities and guidelines. In Nyanza Province this activity will be planned, implemented and monitored in partnership with the District Health Management Teams, District Education Officers, schoolteachers, employers, community leaders and youth. This will create a continuum of youth-focused activities in the education, health and community sectors and forge effective linkages aimed at guiding youth toward practicing safer behaviors. The program will promote abstinence and responsible decision making, including promotion of counseling and testing to youth out of school to reduce the risk of contracting HIV/AIDS. These abstinence and behavior change activities will reach in-school youth and out-of-school youth in urban and rural settings. This activity includes the involvement of church leaders and church-based youth groups to establish and reinforce norms that reduce youth risk, vulnerability and stigma. The project will utilize magnet theatre approaches and community radio to reach the general population with HIV prevention messages, including male circumcision. Community media messages targeting men and encouraging abstinence and safer behavior will be implemented through work site activities and linkages with faith-based community groups, churches and mosques. At least \$825,000 will be required for PATH to implement prevention activities

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA In this geographical area AB will contribute substantively to the Kenya 5-Year Strategy for primary prevention which puts youth first to protect them from infection. The child-to-child program provides significant support to the strategy targeting preadolescents and their families with appropriate messages. Activities in the general population will include a special focus on reaching men.

4. LINKS TO OTHER ACTIVITIES This activity relates to activities in counseling and testing (#8760), OHPS (XXXX) and Other Prevention (#8942). This will expand prevention opportunities for youth and provide appropriate support for risk reduction.

5. POPULATIONS BEING TARGETED This activity targets girls, boys, and primary school students through peer education activities. Youth-to-family activities will target adults and out-of-school youth. Community outreach activities will target community leaders, rural communities, religious leaders and teachers, community-based organizations and faith-based organizations.

6. KEY LEGISLATIVE ISSUES ADDRESSED This APHIA II Nyanza activity will address male norms and behaviors, reducing violence and coercion through peer family programs aimed at changing social norms.

7. EMPHASIS AREAS This activity primarily emphasizes community mobilization/participation through peer education with a minor emphasis on training of youth, teachers and community leaders as detailed in the activity description in Section 1 above.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8989

Related Activity: 14779, 16334

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20429	8989.20429. 09	U.S. Agency for International Development	Engender Health	9063	4915.09	APHIA II - Nyanza	\$880,145
8989	8989.07	U.S. Agency for International Development	Engender Health	4915	4915.07	APHIA II - Nyanza	\$1,265,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14779	8942.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$1,500,000
16334	16334.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$100,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	500,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	3,000	False

Target Populations

General population	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Special populations	
Most at risk populations	
Street youth	
Other	
Teachers	

Coverage Areas

Nyanza

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3706.08

Prime Partner: Adventist Development & Relief Agency Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 5716.08

Activity System ID: 14721

Mechanism: N/A

USG Agency: U.S. Agency for International Development Program Area: Abstinence and Be Faithful Programs Program Area Code: 02 Planned Funds: \$977,256

The only changes to the program since approval in the 2007 COP are:

• Geographic coverage has been revised to include 5 more districts recently created when the government split the existing districts. The project area thus has 21 districts up from 16. However, the final confirmation of some of the newly created districts is still to be finalized as the creation of the new districts has been disputed in some places. ADRA ABY project however, will still continue operating in the same 16 districts it has been working in.

1. LIST OF RELATED ACTIVITIES

ADRA works within the districts coordinated by the National AIDS Control Council (NACC).

2. ACTIVITY DESCRIPTION

The ADRA ABY project in Kenya operates mainly in the Lake Victoria region. The project covers 12 districts in Nyanza Province: Kisumu, Siaya, Bondo, Nyando, Rachuonyo, Homabay, Suba, Migori, Kuria, Kisii, Gucha and Nyamira, and four additional districts in the Rift Valley Province: Trans-Mara, Kericho, Narok and Nakuru. Abstinence and Be Faithful (AB) messages will be disseminated to over 500,000 youth directly and 2.5 million youth 10-24 years of age indirectly through mass media by September 2009.

In FY 2008, the ABY project will continue partnering with 20 FBOs and 32 CBOs in project implementation. Anticipated achievements include the following.

85 Master Guides, 400 pathfinders and 1004 youth leaders from other FBOs will receive refresher training

180 peer educators from 6 colleges will be trained
24 PLWHAs will be given refresher training

• 942 parents will be trained so as to reach 15,364 youths with AB messages

• 64 primary school teachers/PTA representatives and 12 project staff to be trained on peer education to help initiate or strengthen health clubs in schools

• 32 CBOs representatives and 12 staff will be trained on Theatre for Development (TFD)

• 100 Master Guides/youth leaders and teachers to be trained on counseling skills

• 300 schools will be supplied with IEC materials

• 66,702 pathfinders and youths from other FBOs will initiate work on Honor Badge curriculum for 10-15 year old youth in FBOs

• 38,250 pathfinders and 88,145 youth from other FBOs will be reached with AB messages

• 16 CBOs supported will deliver social support services and AB messages to 50,000 out-of-school youth

• 384 TFD outreach forums will be supported to discuss high risk behaviors and reach 16,000 youths

• 160 Pathfinder clubs will be mobilized to form theatre or writing clubs; and CBO partners will be supported to present AB messages on World AIDS Day, International Day of the African Child, and during International Youth Week to reach 21,000 youths

• National Music Festivals for schools and Essay competitions will be supported to reach 30,000 youths

Rallies, retreats and comporees will be supported to reach 15,000 youth

• 16 exchange visits will be supported at schools to reach 3200 youths

• 15,364 youth reached by parents with AB messages through Parent-Child Communication

• 9 resource centers within the project area will be equipped with additional IEC materials

• Radio spots, panel discussions on Abstinence, Being Faithful and Parent-Child Communication will be aired 104 times through four local media houses in two local languages (Luo and Kisii) and Kiswahili to reach 500,000 youth and young adults; and

• 64 review meetings will be held targeting FBOs, CBOs and TOTs to document challenges and lessons learned.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

ADRA ABY programs will contribute to two areas, namely: "Knowledge on HIV and AIDS transmission and prevention increased" and "Young people 15-24 years of age who correctly identify ways of preventing sexual transmission and who reject major misconceptions about HIV transmission".

4. LINKS TO OTHER ACTIVITIES

ADRA works within the districts coordinated by the National AIDS Control Council (NACC). The project also collaborates and works under the policy guidelines of four relevant Government Ministries: Ministry of Education (MOE), Ministry of Health (MOH), Ministry of Gender, Sports and Social Services (MGSSS) and the newly established Ministry of Youth Affairs (MOY). ADRA ABY project activities relate to capacity enhancement of partner FBOs and CBOs to address abstinence and develop programs to involve youth in the context of empowerment and poverty reduction. The project has prepared an inventory of major social events in the communities where Trainers of Trainers (TOTs) and theater groups are facilitated to disseminate AB messages.

5. POPULATIONS BEING TARGETED

The project targets young people aged 10 to 24 years as primary targets. Adults are also targeted as a secondary target.

6. KEY LEGISLATIVE ISSUES ADDRESSED

ADRA trains and supports volunteer PLWHAs from partner FBOs in conducting community outreach as change agents.

7. EMPHASIS AREAS

The main activities include training, community outreach, media (mass and folk media) activities, procurement and distribution of IEC materials on AB, adolescent reproductive health messages to schools, FBOs and CBOs. Youth are trained on abstinence, life skills, and HIV and AIDS. Adults are trained on parent-child communication; and community and religious leaders are trained on public presentation skills, while CBOs are trained on participatory theatre.

Continuing Activity: 6833

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20346	5716.20346. 09	U.S. Agency for International Development	Adventist Development & Relief Agency	9038	3706.09		\$913,332
6833	5716.07	U.S. Agency for International Development	Adventist Development & Relief Agency	4199	3706.07		\$957,503
5716	5716.06	U.S. Agency for International Development	Adventist Development & Relief Agency	3706	3706.06		\$0

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	292,323	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,855	False

Indirect Targets

Target Populations

Gener	ral population
Ages	10-14
Воу	/S
Ages	10-14
Girl	S
Ages	15-24
Mer	n
Ages	15-24
Wo	men
Adults	(25 and over)
Mer	n
Adults	(25 and over)
Wo	men
Other	
People	e Living with HIV / AIDS
Religio	ous Leaders
Teach	iers

Coverage Areas			
Nyanza			
Rift Valley			

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3482.08 Prime Partner: American International Health Alliance Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 4818.08

Activity System ID: 14730

Mechanism: Twinning Center USG Agency: HHS/Health Resources Services Administration Program Area: Abstinence and Be Faithful Programs Program Area Code: 02 Planned Funds: \$775,000

The only changes to the program since approval in the 2007 COP are:

• FY 2007 PLUS UP ADDITIONS: This activity will expand support to the Kenya Catholic Secretariat (KCS)/Kenya Episcopal conference activity previously supported through a sub-grant with CHF. Continued support will also be provided to enable the Twinning Center through De Paul University continue providing technical assistance and a sub-grant to the KCS. Activities will be expanded to cover primary school pupils in additional dioceses of the Catholic church including Muranga, Machakos, Nakuru and Kitale. A significant expansion in the scope of this activity will be to implement the Families Matter! intervention among parents of 9-14 year old adolescents that the in-school program targets. The KCS will also use additional strategies to reach parents through parish-level church community activities targeting parents of adolescents. This partnership will ensure good quality programming and establish a strong M&E system to ensure national coverage in the coming year is guided by best practices and evidence-based practice for a national program. (General Population Youth \$400,000).

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful Programs (#6876).

2. ACTIVITY DESCRIPTION

The Kenya Episcopal Conference – Catholic Secretariat (KEC-CS) is currently implementing an HIV prevention program in parochial schools. There is also a mass media component using a Catholic radio station. This KEC-CS project is funded as a sub-grant under the CHF capacity building project. KEC-CS works through a twinning relationship with DePaul University, a Catholic university where several professors have expertise in HIV prevention activities promoting abstinence and faithfulness. These professors also have expertise in monitoring and evaluation. The major activity which DePaul University will engage in under this twinning partnership will be to assist the KEC-CS in monitoring and evaluating their program which promotes abstinence and faithfulness among Catholic youth attending schools supported by the KEC -CS as well as assessing the impact of the mass media activities which KEC-CS is conducting.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This twinning relationship will contribute to HIV prevention among 12,000 youth and parents, and train 500 teachers and parents to provide abstinence education. It will also assist in the evaluation of AB activities in Kenya. There are now many FBOs and CBOs implementing AB activities with PEPFAR funding. Most of these organizations do not have in-house capacity for a thorough assessment of the impact of their work, so the evaluation findings that this twinning project will generate will no doubt benefit other AB partners as well.

4. LINKS TO OTHER ACTIVITIES

This project links to AB activities implemented by KEC-CS which are listed under the CHF capacity building project HVAB (#6876) CARE Kenya. The Twinning initiative will provide technical support to the Kenya Episcopal Conference/Kenya Catholic Secretariat's program in strengthening its M&E system and overall programming.

5. POPULATIONS BEING TARGETED

The primary population being targeted by the interventions that will be evaluated is school children attending Catholic schools. A large FBO, the Kenya Episcopal Conference-Catholic Secretariat, will also benefit from this twinning partnership.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Twinning is the primary issue addressed in this project.

7. EMPHASIS AREAS

The major emphasis area is strategic information, as monitoring and evaluation is the primary activity to be supported by this project. A secondary emphasis area is local organization capacity development, as this activity will also build the capacity of KEC-CS to conduct monitoring and evaluation on their own in the future.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6843

Related Activity: 14761

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20354	4818.20354. 09	HHS/Health Resources Services Administration	American International Health Alliance	9042	3482.09	Twinning Center	\$775,000
6843	4818.07	HHS/Health Resources Services Administration	American International Health Alliance	4204	3482.07	Twinning Center	\$475,000
4818	4818.06	HHS/Health Resources Services Administration	American International Health Alliance	3482	3482.06	Twinning Center	\$75,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14761	4171.08	6941	348.08		Community Housing Foundation	\$2,483,500

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	12,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	500	False

Target Populations

General population			
Children (5-9)			
Boys			
Children (5-9)			
Girls			
Ages 10-14			
Boys			
Ages 10-14			
Girls			
Adults (25 and over)			
Men			
Adults (25 and over)			
Women			
Other			
Religious Leaders			
Teachers			

Mechanism ID: 369.08Mechanism: N/APrime Partner:Centre for British TeachersUSG Agency:U.S. Agency for International
DevelopmentFunding Source:GHCS (State)Program Area:Abstinence and Be Faithful
ProgramsBudget Code:HVABProgram Area Code:02Activity ID:4183.08Planned Funds:\$750,000

Activity System ID: 14748

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful (#9007), (#8701), Condoms and Other Prevention (#6842), (#8780) and Policy and Systems Strengthening to be carried out by the EduSector AIDS ResponseTrust through HPI.

2. ACTIVITY DESCRIPTION

The Secondary School Action for Better Health (SSABH) program will be implemented in 250 secondary schools over a 12-month period by the Centre for British Teachers (CfBT). CfBT will be expected to work very closely with the all the APHIA II programs in the county, Ministry of Education (MOE), Kenya National Union of Teachers (KNUT) and Teachers Service Commission (TSC). The schools will be selected in collaboration with the Ministry of Education (MOE) and USAID, in areas of high HIV/AIDS prevalence and in districts where secondary schools have received little support in terms of HIV/AIDS education awareness and prevention. In partnership with the Ministry of Education and Ministry of Health (MOH), CfBT will mobilize and train 40 new education and 40 new health trainers (making a total of 200 SSABH participants trained since 2005) who will lead the training program. From each school, a total of eleven people will be trained: the Head-teacher, six teachers including the Guidance & Counseling Teacher (as Peer Support Advisors) and four students (Peer Supporters) will be trained in implementing the MOE-approved AIDS syllabus and establishing a school-based Peer Supporter behavior initiative. They will then be responsible for expanding the program to all staff and students in their schools. The Headteachers will be trained to lead and support the program, while 40 Zonal Inspectors (now called Quality Assurance and Standards Officers or QASOs) will be trained to monitor and mentor the teachers as they implement the AIDS syllabus. In total about 2,700 teachers and students (250 Headteachers, 1,500 teachers, 1,000 students, 40 trainers and 40 Zonal Inspectors) will receive training in HIV prevention messages. Assuming that each school has 500 students and 20 teachers, a total of 130,000 individuals will be reached through community outreach (125.000 students and 5.000 teachers). Every effort will be made to syneroize with the AFT-EF project and work in sites where the education gatekeepers have already been made aware of the Education Sector Policy for AIDS. Links with the Kenya Head Teachers Association will also be strengthened. Field support and monitoring component of the program will be strengthened. Teachers will assist students who are trusted and popular with their peers to develop peer education programs. They will be given focused training in communication including cues to prompt conversations. A situational model/scripting approach will be used: identifying risky situations and circumstances and supplying strategies for reducing risk or avoiding situations/circumstances. Schools will be given reference and support materials and encouraged and assisted to set up school AIDS clubs, anonymous question boxes and extra-curricular activities. Monitoring instruments will be developed for use by the Zonal Inspectors for investigating and supporting SSABH implementation at school level. The schools will also be visited by the 40 Quality Assurance and Standards Officers who will have been trained to assess SSABH activities in the course of their normal inspectorate duties.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The program contributes to the increased use of schools to target educators as well as youth. It is also a component of the comprehensive HIV/AIDS programming USG is developing along the major transport routes across Kenya, formerly through the Transport Corridor Initiative. This program will target teachers and students with abstinence and being faithful messages. The program will also address the issues of safer sex by providing accurate information on condom use. SSABH will therefore employ the ABC approach to help youth 14 years and over change their behaviors.

4. LINKS TO OTHER ACTIVITIES

Selected sites will include those schools where the American Federation of Teachers Education Foundation's sub-grant to the Kenya National Union of Teachers (KNUT) has already sensitized Headteachers to the impact of HIV and AIDS on the education sector and for the need for a concerted response. Liaison with KNUT has been formalized through the participation of CfBT on the KNUT advisory committee. This activity also relates to activities in the following program areas: Policy and Systems Strengthening, Strategic Information and Other Prevention. This activity also contributes to the implementation of the "Education Sector Policy for HIV and AIDS in Kenya."

5. POPULATIONS BEING TARGETED

The target populations for this activity include headteachers, teachers, secondary school students and people living with HIV.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Through education of both students and teachers, stigma and discrimination against people living with HIV or AIDS will be reduced. Both target populations will learn how HIV is transmitted, how transmission can be prevented and how treatment and care of HIV and AIDS affected individuals empowers them to remain productive members of society.

7. EMPHASIS AREAS

The major emphasis area is training, and minor emphasis areas include information, education and communication, linkages with other sector initiatives, and policy guidelines.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6858

Related Activity: 17155, 17307

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20374	4183.20374. 09	U.S. Agency for International Development	Centre for British Teachers	9053	369.09		\$750,000
6858	4183.07	U.S. Agency for International Development	Centre for British Teachers	4215	369.07		\$550,000
4183	4183.06	U.S. Agency for International Development	Centre for British Teachers	3237	369.06		\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17307	17307.08	7445	7445.08	TEPD	Academy for Educational Development	\$400,000
17155	5100.08	7449	7449.08		Kenya Institute of Education	\$300,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

- * Training
- *** In-Service Training

Workplace Programs

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	130,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,700	False

Target Populations

General population
Ages 10-14
Boys
Ages 10-14
Girls
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS
Teachers
Coverage Areas
Central
Coast
Eastern

Lucion

Nairobi

Rift Valley

Western

Nyanza

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 348.08

Prime Partner: Community Housing Foundation Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 4171.08

Activity System ID: 14761

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Abstinence and Be Faithful Programs Program Area Code: 02

Planned Funds: \$2,483,500

The only changes to the program since approval in the 2007 COP are:

• The target population has been revised (or expanded) to include specific targeting of couples;

• Other changes include: 1) program quality will be strengthened by ensuring program comprehensiveness; 2) wherever possible, evidence-based programs and approaches will be adopted;

• FY 2007 PLUS UP ADDITIONS: 1) This plus-up will support expanded activities implemented by subgrantees under the CHF umbrella funding mechanism as detailed in the 07 COP. Selected PLWHA organizations and PLWHA networks will roll out prevention activities among Positives through providing intensified education among members of PLWHA groups and their partners. Linkages will be established with support groups set up in care and treatment centers as well as those within VCT localities and communities. A close linkage will be established with counseling and testing services to ensure that HIVpositive individuals have their partners tested and educated/counseled regularly on sexual risk reduction (PWP \$250,000).

2) Prevention activities will be scaled up through implementation of the Families Matter! intervention by selected local organizations including faith-based organizations and community organizations for parents in the general youth population. Parents' skills in communicating HIV prevention with their children will be enhanced through a curriculum-based training (General Population youth \$100,000).

3)Education on gender based violence will also be integrated to existing prevention programs to reduce the risk and incidence of sexual violence, particularly among adolescent girls and young women. (GBV \$200,000).

• \$300,000 of this activity is programmed with funds from the \$7 million FY 2008 plus up for the Healthy Youth Programs Initiative.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6875), Condoms and Other Prevention (#6872), Orphans and Vulnerable Children (#6874). It also relates to Abstinence / Be Faithful (#6843).

2. ACTIVITY DESCRIPTION

A total of 326,000 individuals will be reached with community outreach programs that promote abstinence and/or Be Faithful. 2,000 individuals will be trained to implement these programs through over fifteen programs. CHF will continue to provide sub-award grants to organizations and build their organizational and technical capacity to deliver quality AB programs. Specific activities to be carried out by sub-grantees will include an intensive review of their curricula-based programs, theatre, community outreach targeting in and out of school youth in communities with abstinence education and life skills. CHF works with community and faith-based organizations to strengthen implementation of their abstinence curriculum in their churchsponsored schools. These curricula are used in programs such as the African Inland Church Ministries' "Why Wait" program, the Baptist AIDS Response Agency (BARA) "True Love Waits" and the "True Love Stays" a fidelity program. CHF will continue to support new emerging partners identified collaboratively with CDC/Kenya, culminating in increased sub-award grants to partners implementing AB programs under the new COP. CHF will work towards strengthening each partner organization's capacity progressively towards independent sustainability. Subgrantees will receive advanced training on grant writing and will be linked to other funding sources, with a view to "graduating" some partners from the LPATH program to make room for new, emerging partners. CHF will also facilitate networking among the sub-grantees to share lessons learned. CHF will promote implementation of best practices, evidence based interventions and will provide supportive supervision for continuous quality improvement. CHF will continue to support behavioral interventions for the Nyanza Reproductive Health Society's "young men's prevention project" for young men enrolling in the Kisumu male circumcision project (please note: the circumcision component is not PEPFAR supported). Significant changes in FY 2007 include support to the Kenya uniformed services recruits, an activity previously supported through KEMRI. This activity also includes estimated support to the following sub recipients for activities integral to the program, including CHF management costs: African Inland Mission: \$100,000 Apostles of Jesus AIDS Ministries: \$60,000 Baptist AIDS Response Agency: \$100,000 Vuma: \$60,000 Community Research for Education and Development: \$70,000 Eastlands Pastors Pentecostal Fellowship: \$40,000 Gethsemane Children of God: \$8,000 Kenya Assemblies of God: \$30,000, Nomadic Community Trust: \$30,000 Nyanza Reproductive Health: \$100,000 Nyarami I: \$7,000 Soy: \$35,000 Upendo: \$10,000 Uniformed Services: \$250,000 New Partners: TBD

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activities supported by CHF in this program area will work to prevent HIV infection among 326,000 young people in various parts of the country, include young men in the Kisumu area. 2,000 people will also be trained to deliver AB programs. These activities are consistent with the Kenya 5-Year Strategy which focuses on HIV prevention in youth.

4. LINKS TO OTHER ACTIVITIES

These interventions for young people, will link to interventions funded by CHF under OP activity (#6872), CT activity (#6875), OVC activity (#6874) and American Health Alliance Twinning activity (#6843). Young sexually active people eligible for condoms and other prevention interventions will be served by OP activities and referred to CT services. OVC programs will also incorporate AB activities.

5. POPULATIONS BEING TARGETED

The general population, including adult men and women of reproductive age are targeted with AB messages. Children and youth, including boys and girls in primary and secondary schools and their teachers are targeted. More at-risk groups including out-of-school youth are also a key target. These activities will continue targeting parents to help ensure that a supportive adult environment is promoted for a comprehensive youth prevention approach. Other supportive adults to be included in interventions include teachers, community and religious leaders and program managers. Most project involve volunteers in many activities including peer-based approaches and these serve mainly rural communities. The capacity building focuses on CBOs, FBOs, and local NGOs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This project will focus on changing male norms and behaviors through the provision of HIV prevention services targeted to young men. It also addresses increasing gender equity in HIV/AIDS programs.

Activity Narrative: 7. EMPHASIS AREAS

The primary focus of CHF is capacity building support to these local organization which includes conducting preliminary partner assessment, training and organizational set ups. This is followed on by providing Quality Assurance, Quality Improvement and Supportive Supervision to funded projects. The partners mainly undertake community mobilization / participation and related activities. Other activities include provision of information, education and communication including curriculum based AB interventions and training. Training is conducted at various levels; by CHF to its partners as well by partners to their project implementation staff and community members. These activities entail a minor emphasis of the project. Human resources also are a minor emphasis with both CHF and its partners employing staff to run these programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6876

Related Activity: 14730, 14763, 14766, 14767

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6876	4171.07	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	4221	348.07		\$1,250,000
4171	4171.06	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	3233	348.06		\$800,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14730	4818.08	6925	3482.08	Twinning Center	American International Health Alliance	\$775,000
14763	4167.08	6941	348.08		Community Housing Foundation	\$871,500
14766	4169.08	6941	348.08		Community Housing Foundation	\$500,000
14767	4170.08	6941	348.08		Community Housing Foundation	\$1,800,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	326,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,000	False

Indirect Targets

Target Populations

General population Children (under 5) Boys Children (under 5) Girls Children (5-9) Boys Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women **Special populations** Most at risk populations Street youth Most at risk populations Military Populations Other Orphans and vulnerable children People Living with HIV / AIDS **Religious Leaders** Teachers

Coverage Areas		
Nairobi		
Nyanza		
Eastern		
Western		
Central		
Rift Valley		

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7449.08 Prime Partner: Kenya Institute of Education

Funding Source: GHCS (State)

Budget Code: HVAB Activity ID: 5100.08 Activity System ID: 17155 Mechanism: N/A

USG Agency: U.S. Agency for International Development Program Area: Abstinence and Be Faithful Programs Program Area Code: 02

Planned Funds: \$300,000

Activity Narrative: This activity was approved in 2005 and it is yet to be implemented. The program will be implemented by Kenya Institute of Education (KIE) rather than UNICEF. The activity did not receive funding in FY2006 and FY2007.

EARLY FUNDING IS REQUESTED FOR THIS ACTIVITY: \$150,000.

1. LINKS OF RELATED ACTVITIES

This activity relates to APHIA II AB and OP programs throughout the country and also activities in Abstinence and being faithful (#9007), (#8701) and Condoms and Other Prevention (#6842), (#6842), (#8780) and Policy and Systems Strengthening work to be carried out by EduSector AIDS Response Trust through APHIA II Evaluation.

2. ACTIVITY DESCRIPTION.

In this activity KIE will scale up the ongoing HIV/AIDS life skills curriculum-based activities currently being implemented by the Government of Kenya and its partners with the production of a Life Skills Education syllabi and in-service training of teachers. Ministry of Education (MOE) has recently approved the proposal that life skills should be taught as a stand-alone subject in all the Kenyan schools. In the first year a situation analysis will be conducted by KIE to determine the existing materials and the specific needs to be addressed, including the in-service training needs of the teachers. Each class will have a specific curriculum which will need to be approved by KIE. After the approval, USAID will support KIE to print and distribute the syllabi to 1000 schools in Kenya. In order to train the teachers, 4,000 teacher handbooks will be produced followed by in-service training of 4,000 teachers. Assuming that each teacher has 50 pupils, this program will therefore reach 200,000 students. At present peer pressure and influence among youth often results in gender violence and stereo-types. This activity will bridge the gap between HIV/AIDS awareness and skills for self protection; address stigma and discrimination; address cultural norms, attitudes, values and behavior that increase vulnerability to AIDS. In collaboration with the MOE, KIE will achieve consistency in dissemination of focused messages on the benefits of abstinence until marriage, fidelity and partner reduction, and avoiding unhealthy sexual behavior. There has been a lack of involvement of parents. guardians and significant others in behavior change programs on youth, and this will also be addressed through Parent Teacher Associations. Parents will be empowered to improve their communication skills on youth sexuality and mentoring. Life skills education will result in improved HIV preventive behaviors among youth. Involving the community will facilitate change in social and community norms to promote HIV preventive behaviors in youth and young adults. The Life Skills manual will also provide a model for an effective youth intervention. The program will identify and network with complementary programs that provide other youth friendly services such as drama, music, athletics and other activities. To address the shortage of teachers in some areas, KIE and partners will work with local NGOs/CBO, FBOs and youth groups. The MOE has ongoing USG-funded activities in the remote Northeastern Province of Kenya, and they will build on these activities to include hard-to-reach populations with this program.

3. CONTRIBUTION TO THE OVERALL PROGRAM AREA

This activity contributes to the promotion of abstinence, being faithful and behavior change practices among the youth.

4. LINKS TO OTHER ACTIVITIES.

This activity will build on the activity with CfBT on in-service teacher training, the activity with AED/TEPD on pre-service teacher training, and the APHIA II provincial teachers worksite programs.

5. POPULATION BEING TARGETED.

This program targets youth in school as well as their teachers.

6. KEY LEGISLATIVE ISSUES BEING ADDRESSED.

Through life skill education targeting the youth and the teachers, stigma and discrimination against people living with HIV/AIDS will be reduced.

7. EMPHASIS AREAS.

The major emphasis area is an education wrap-around with a minor emphasis area on training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10174

Related Activity: 14748, 17307, 17450

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20620	5100.20620. 09	U.S. Agency for International Development	Kenya Institute of Education	9094	7449.09		\$300,000
10174	5100.07	U.S. Agency for International Development	Ministry of Education, Science and Technology, Kenya	5411	5411.07		\$O
5100	5100.06	U.S. Agency for International Development	Ministry of Education, Science and Technology, Kenya	4024	4024.06	NA	\$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17307	17307.08	7445	7445.08	TEPD	Academy for Educational Development	\$400,000
14748	4183.08	6935	369.08		Centre for British Teachers	\$750,000
17450	17450.08	7445	7445.08	TEPD	Academy for Educational Development	\$100,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	200,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	4,000	False

Indirect Targets

Target Populations

General population
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Teachers

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 441.08

Prime Partner: Academy for Educational Development Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 5091.08

Mechanism: Capable Partners USG Agency: U.S. Agency for International Development Program Area: Abstinence and Be Faithful Programs Program Area Code: 02 Planned Funds: \$800,000 Activity System ID: 14714

The only changes to the program since approval in the 2007 COP are:

+ 60,000 people with prevention messages: 20,000 disabled, 20,000 college students and 20,000 high school students reached by new partners to be identified. 300 peer educators will be trained in HIV/AIDS issues.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HVOP (#), HVCT (#) and Palliative Care: Basic Health Care and Support HBHC (#).

2. ACTIVITY DESCRIPTION.

Capable Partners is a project of AED that acts as an umbrella organization in Kenya. This activity will contribute to the 2008 targets by implementing a community outreach program that will reach 60,000 people with prevention messages: 20,000 disabled, 20,000 college students and 20,000 high school students reached by new partners to be identified. 300 peer educators will be trained in HIV/AIDS issues.

One of their grantees is Handicap International (HI) who will be sub-granting to a number of organizations working with disabled Kenyans to promote access to HIV/AIDS information. As in most developing countries, the situation of disabled persons in Kenya is alarming. Many live a life of discrimination, negative attitudes and exclusion from the mainstream community activities with no access to information or other basic necessities. Parallel to this is ignorance of the sexuality of the disabled; quite often it is assumed that disabled people are incapable of having sex or sexual relationships. In all cases, the abuse and marginalization they suffer combined with the inaccessibility to information and resources, predispose them to HIV/AIDS. Compounding the problem of vulnerability to HIV exposure is the challenge of communicating messages about HIV/AIDS. Low literacy rates among disabled individuals and disadvantages in accessing radio and/or television messages for the deaf and the blind present real challenges to prevention efforts.

Through eight organizations working specifically with people with disabilities, the program will reduce their risk of acquiring HIV/AIDS by promoting accessibility to HIV/AIDS information and education, developing appropriate communication materials for the various types of disabilities (the project therefore aims to translate existing HIV/AIDS information, including information, education and communication materials produced by National AIDS and STI Control Program into formats such as braille, large print, sign language etc.); and promoting behavior change among youth with disabilities.

100 peer educators (disabled youth themselves) will be trained in HIV/AIDS issues to reach 20,000. The peer educators will be expected to assist others to build self-esteem by enabling disabled people to understand their rights and measures to protect themselves from abuse or unsafe sex and other risky behaviors that could predispose them to HIV/AIDS. On visiting a VCT centre, a disabled person should have equal access to testing and advice. They should be able to fully communicate their concerns as well as understand the advice and support given. This will be made possible by training VCT counselors on the needs of persons with disabilities and training deaf people to provide VCT services for the deaf. The project also aims to develop awareness among family members and the community that they have a duty to protect disabled people from sexual exploitation and to ensure perpetrators face legal action.

The activity includes continuing support to the following sub-recipients for activities integral to this program: United Disabled Persons of Kenya, Blind and Low Vision Network, Dandora Deaf Self-Help Group, Kenya Disability Action Network, Kenya Society for the Mentally Handicapped, Nairobi Family Support Services and the Disabled Group of Trans Nzoia.

This activity will also support a highly successful outreach program focusing on services for street children operated by Wema Center in Mombasa. Street children lifestyles are characterized by continued marginalization from basic services and support such as lack of food, proper shelter, education, health care, parental care and guidance. These children and street youth suffer from a multiplicity of socio-economic problems that inevitably lead to desperation and anti-social behavior. They constantly encounter sexual abuse and drug addiction as the most prevalent problems. These problems are caused by widespread poverty, both in rural and urban areas, domestic violence, retrogressive socio-cultural beliefs and practices and the far-reaching negative impact of HIV/AIDS on poor families. Young girls are particularly sexually vulnerable, while boys are more likely to go into crime and drug abuse. With 2007 funds, Wema Center will scale up services to reach more children and provide additional services in Mombasa in addition to expanding services in Nairobi and Kisumu. The focus of activities in 2008 will be to consolidate this expansion.

This activity will build on the work being undertaken by I Choose Life. In 2007 CAP is working with ICL to develop parameters and pilot Youth Empowerment Centers (YEC) in 2 tertiary institutions: Kenyatta University and National Youth Service in Nairobi, In 2008 CAP will support ICL to build on the activities in the YECs in Eldoret Polytechnic and Egerton University to reach significant numbers of the campus communities with prevention messages. ICL will train 100 peer educators to reach 20,000 youth Finally, the activity will also support abstinence and be faithful prevention activities carried out Students Campaign Against Drugs (SCAD) in Nairobi. By integrating HIV prevention messages in anti-drug clubs in high schools, SCAD will provide information to high school students through training a further 100 peer educators.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will address some marginalized populations including the disabled and substance-abusers but will also focus on youth, a primary target population identified in the country strategy.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to the AED/Capable Partners/ Handicap International activities in HVOP (#), HVCT (#), and HBHC (#). These activities will strengthen those described in this narrative by providing additional support in material design, outreach, VCT and IEC activities.

Activity Narrative: 5. POPULATIONS BEING TARGETED

The project expects to target a variety of populations with different interventions, particularly disabled youth.

6. KEY LEGISLATIVE ISSUES ADDRESSED

At the moment, little is being done to provide access for the disabled to services on HIV/AIDS, reproductive health and sexuality. Gender will also be addressed due to a rise in gender-based violence Almost 90% of violence is sexual in nature. Service providers will be on the look-out for victims of such violence and appropriate services will be offered to them promptly to avoid complications that may arise. In all project activities, equity will also be a key focus. Female youth and disabled women in general will be provided with more access to services. The aim of this will be to provide 'more at risk' segments of the population with adequate information for prevention and also care and support as access may have been compromised because of their condition.

7. EMPHASIS AREAS

The major area of emphasis is capacity building and training. The project will train 300 individuals to promote prevention behaviors. Peer educators (incl. high school students, university students and disabled youth themselves) will be trained in HIV/AIDS issues. VCT counselors will be trained on the needs of persons with disabilities and training a deaf person in counseling to be able to provide VCT services to the deaf. A minor emphasis is on community mobilization/participation and policy and guidelines through the development of awareness among family members and the community that they have a duty to protect disabled people from sexual exploitation and to ensure perpetrators face legal action.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6832

Related Activity: 14716, 14717, 14719

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20336	5091.20336. 09	U.S. Agency for International Development	Academy for Educational Development	9037	441.09	Capable Partners	\$200,000
20335	5091.20335. 09	U.S. Agency for International Development	Academy for Educational Development	9037	441.09	Capable Partners	\$849,785
6832	5091.07	U.S. Agency for International Development	Academy for Educational Development	4198	441.07	Capable Partners	\$600,000
5091	5091.06	U.S. Agency for International Development	Academy for Educational Development	3247	441.06	Capable Partners	\$350,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14717	4214.08	6920	441.08	Capable Partners	Academy for Educational Development	\$450,000
14719	4847.08	6920	441.08	Capable Partners	Academy for Educational Development	\$500,000

Emphasis Areas

Gender

* Reducing violence and coercion

Human Capacity Development

- * Training
- *** Pre-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	60,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	300	False

Indirect Targets

Target Populations

General population		
Ages 10-14		
Boys		
Ages 10-14		
Girls		
Ages 15-24		
Men		
Ages 15-24		
Women		
Adults (25 and over)		
Men		
Adults (25 and over)		
Women		
Special populations		
Most at risk populations		
Street youth		
Coverage Areas		

Coverage Areas
Rift Valley
Nairobi

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 4919.08 Prime Partner: Pathfinder International Funding Source: GHCS (State) Budget Code: HVAB

Activity ID: 9074.08

Activity System ID: 14698

Mechanism: APHIA II - North Eastern USG Agency: U.S. Agency for International Development Program Area: Abstinence and Be Faithful Programs Program Area Code: 02 Planned Funds: \$1,000,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

Prime partner Pathfinder International has been competitively selected to implement the activity;
The target population has been revised to include teachers who, in collaboration with the Ministry of Education and other stakeholders, at approximately \$30,000 plus funding from OP and OHPS totaling \$150,000, 750 teachers will be sensitized about HIV/AIDS prevention and the AIDS policy for the education sector;

• The KARHP methodology will be rolled out in collaboration with the Ministry of Education, Ministry of Health and Ministry of Gender, Sports, Culture and Social Services;

· Peer education activities will be rolled out with the Kenya Girl Guides Association;

• AB funds totaling \$23,000 will contribute to the sensitization of teachers as a worksite population linking with additional OP and OHPS funds for a \$150,000 activity to reach 750 teachers and train 20 more

1. LIST OF RELATED ACTIVITES

This activity relates to activities in Other Prevention (#xxxx), Counseling and Testing (#8778), Palliative Care: TB/HIV (#9066), and Prevention of Mother-to-Child Transmission (#7087).

2. ACTIVITY DESCRIPTION

Kenya's North Eastern Province (NEP) is fortunate to have much lower HIV prevalence rates than other provinces in the country. The KDHS shows rates varying from 0-2% across the province. The primary focus of APHIA II NEP will be to maintain low prevalence rates through reinforcing the attitudes of local religious and societal leaders around abstinence and being faithful and using them as culturally acceptable means for influencing the local population. However, PMTCT data from UNICEF's work in the region shows areas of rapid expansion of the epidemic mainly around Garissa (5%) and other urban centers which are acting as catalysts in fueling the spread of the HIV epidemic. Urban areas within NEP generally feature significant populations of civil servants, uniformed services personnel and commercial traders, most of whom are from other regions of the country and are living in isolated areas unaccompanied by their spouses or families. Despite the general perception of NEP as an Islamic province with conservative social morals, these urban centers feature "hot spots" for commercial sex and opportunities for the AIDS virus to enter the mainstream population through sex with widows and polygamous unions. In FY 2008, APHIA II NEP will target youth and adults with AB messages that are appropriately segmented to different target groups and are culturally sensitive. Islamic leaders in NEP are in full support of promoting abstinence and being faithful and will be important channels for communicating these messages, as well as addressing issues around stigma and VCT. Emphasis will be on delayed sexual debut, and secondary abstinence will be encouraged for those youth who are already sexually active. Two local radio stations which broadcast in the Somali vernacular and have wide audiences within NEP will be utilized for broadcasting public service announcements and dramas. Existing outreach programs reaching more isolated populations offer an excellent opportunity for building in culturally appropriate behavior change communication on abstinence and being faithful. APHIA II NEP anticipates utilizing PLWHAs from the province as spokespersons for raising awareness and decreasing stigma.

It is expected that 120,000 individuals will be reached by 9,000 trainers with culturally appropriate messages that promote abstinence and/or being faithful. In conjunction with the OP and OHPS activities, 750 teachers will be targeted as a worksite population who will be sensitized to the AIDS policy for the education sector and receive instruction on HIV/AIDS prevention. Of these, 20 teachers will be trained as trainers to roll out the program.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the overall 2008 Emergency Plan Prevention/AB targets for Kenya. Integrating prevention into all community outreach for treatment and care, with special emphasis on men and youth, will significantly contribute to PEPFAR goals for primary prevention. Prevention messages will also be given to those who are HIV+ in CT and ART sites.

4. LINKS TO OTHER ACTIVITIES

Support to AB will be one component of a package of integrated support at health facility and community levels in the region, holistically addressing HIV prevention, treatment and care. This activity relates to activities in Counseling and Testing (#8778), TB/HIV (#9066), and PMTCT (#7087).

5. POPULATIONS BEING TARGETED

This activity targets both in- and out-of-school youth for abstinence and both adults and youth for being faithful. Special emphasis will be placed on reaching men through outreach by PLWA and involvement of community and religious leaders, by couples' counseling in PMTCT and through worksite interventions. Counterparts from NGOs, CBOs, FBOs and schools will be targeted for training to implement prevention programs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address culturally sensitive issues surrounding gender, including male norms and behaviors. They will also address stigma and discrimination which are quite high in marginalized areas such as this one where AIDS information is limited.

7. EMPHASIS AREAS

This activity includes a major emphasis on capacity building of implementing partners, community resource persons (CORPS) and other community level implementing partners. Community involvement in the design and implementation of activities will play an integral part in ensuring the success of this result area. They will train the target groups in IEC and develop networks and referral systems.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9074

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20184	9074.20184. 09	U.S. Agency for International Development	Pathfinder International	8984	4919.09	APHIA II - North Eastern	\$1,000,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15989	15989.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$550,000
14699	8937.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$450,000
14701	9066.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$150,000
14703	8778.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$400,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	120,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	9,020	False

General population
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS
Religious Leaders
Teachers

Coverage Areas

North Eastern

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	8677.08	Mechanism:	N/A
Prime Partner:	CDC Foundation	USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB	Program Area Code:	02
Activity ID:	19427.08	Planned Funds:	\$1,000,000
Activity System ID:	19427		
Activity Narrative:			
HQ Technical Area:			
New/Continuing Activity:	New Activity		
Continuing Activity:			

Related Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3476.08

Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 16997.08

Activity System ID: 16997

Mechanism: South Rift Valley

USG Agency: Department of Defense

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$360,000

Activity Narrative: 1. ACTIVITY DESCRIPTION

KEMRI-South Rift Valley (SRV) has provided HIV comprehensive care and support to six districts in the south Rift Valley since 2005. Although HIV testing, care and support have been very successful programs prevention efforts focusing on Abstinence/Being Faithful in the larger area have been minimal. HIV prevention interventions for very vulnerable populations in this region has been traditionally neglected therefore having minimal affects on the learning and subsequently adapting new behaviors that will systematically and successfully limit the number of new infections that occur in this region on an annual basis. In FY08, KEMRI-SRV will develop a comprehensive HIV prevention program that will focus on minimizing the risks for young people as well as support the development of healthy relationships that will significantly reduce the risks related to the acquisition of HIV. The KEMRI-SRV AB program will focus its efforts in the activity in the development and implementation of Family Matters! and Men as Partners in Prevention (MAPP). Both of the interventions are evidence based curriculums that will be scaled-up through out the seven districts in the south Rift Valley through local faith based organizations and churches as well as in conjunction with the Ministry of Education. Family Matters! focuses on augmenting the family unit as the major support in reducing the risks of HIV that young people face as well as provides families with the skills and knowledge to discuss issues of HIV and human sexuality in a positive and productive manner with their children. KEMRI-SRV will also continue working with the university student population at East Africa Baraton University through the on-going support of the I Choose Life program by training 50 people in the program and reaching over 50,000 individuals. The KEMRI-SRV AB program will train a total of 200 people: 50 people in Families Matter!, 75 people in MAPP and 75 people in I Choose Life. Together these three programs will reach over 50,000 individuals with HIV/AIDS prevention. KEMRI-SRV will also be active participants in the development and the implementation of the Healthy Youth Initiative (HYPE) as it is expanded nationally past the urban areas of Kenya. KEMRI-SRV will actively identify community based and faith based organizations that work with the youth of south Rift Valley and engage them in the development of interventions that HYPE could support and be effective with rural youth. The KEMRI-SRV AB program will also partner with other organizations in the implementation of the comprehensive HIV prevention interventions such as Kericho Youth Center, AIC Litein and Tenwek Hospital.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the national Emergency Plan AB program by ensuring that all interventions follow evidence-based approach to prevention that is informed by rigorous analysis of Kenya's epidemic. The major focus of this activity will focus on the youth especially those at heightened risk of HIV by strengthening the larger systems that these youth operate in through focusing on family and community structures that will be supportive in evading HIV infection. A major focus will be on young girls that are at a heightened risk of HIV by also focusing on the protection of the girl child from gender based violence or coercion. The KEMRI-SRV AB program will target a total of 50,000 individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful and train an additional 200 individuals in the promotion of HIV/AIDS prevention.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to other prevention activities in the DOD Emergency Plan prevention portfolio such as the KEMRI-SRV OP activity and the Live with Hope Center's AB and OP activity. They are also linked to counseling and testing activities in the south Rift Valley with partners such as Tenwek Mission Hospital, Live with Hope Center and KEMRI-SRV. The links to these activities provide a comprehensive approach to prevention from abstinence to the correct and consistent use of condoms as outlined in the PEPFAR Guidance for ABC programs. The KEMRI-SRV AB activity will also be linked with local Orphans and Vulnerable Children (OVC) partners to ensure that all OVC receive age-appropriate HIV prevention interventions, addressing the heightened risk this population is in to be abused or taken advantage of.

4. POPULATIONS TARGETED

This activity targets the general population from children to adults recognizing that prevention activities are comprehensive and the development process of human sexual development is also an on-going transitional process. Other populations that are targeted for this activity will be teachers and religious leaders through the work that KEMRI-SRV AB will do with faith based organizations as well as the local Ministry of Education schools. This activity will also focus on street youth and orphans and vulnerable children, recognizing the heightened risk that this population is exposed to due to their vulnerable situation.

5. EMPHASIS AREAS/KEY LEGISLATIVE ISSUES ADDRESSED

KEMRI-SRV AB activity will address issues in gender especially in the areas of addressing male norms and behaviors through the MAPP program as well as increasing gender equity in HIV/AIDS programs by focusing interventions at the family level through Family Matters!. Efforts will also be made in protecting OVC and the girl child against violence and coercion. In-service trainings will also be an emphasis area to ensure that the services and interventions are de-centralized and reach the most people.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14915, 16854, 15004, 14916, 14917, 15007, 14907

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14915	4919.08	6973	238.08		Live With Hope Centre	\$120,000
16854	16854.08	6973	238.08		Live With Hope Centre	\$30,000
14916	4929.08	6973	238.08		Live With Hope Centre	\$300,000
15004	4211.08	7003	393.08		Samoei Community Development Programme	\$250,000
15007	4245.08	7005	671.08		Tenwek Hospital	\$350,000
14917	4114.08	6973	238.08		Live With Hope Centre	\$150,000
14907	4828.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,280,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion
- Human Capacity Development
- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	50,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	False

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Special populations	
Most at risk populations	
Street youth	
Other	
Orphans and vulnerable children	
Civilian Populations (only if the activity is I)OD)
Religious Leaders	
Teachers	

Coverage Areas

Rift Valley

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3670.08 Prime Partner: Catholic Relief Services Mechanism: N/A

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs Budget Code: HVAB

Activity ID: 16805.08

Program Area Code: 02

Planned Funds: \$200,000

Activity System ID: 16805

Activity Narrative: 1. ACTIVITY DESCRIPTION

In response to the Kenya National AIDS Strategic Plan Priority 1, prevention of new infections including targeted focus on Kenyan youth, AIDSRelief will address adolescent reproductive health through promoting education for the boys and girls through Medical Male Circumcision Plus Model (MMC+). This model provides access to medical male circumcision plus adolescent reproductive health and HIV education focused on Kenvan youth and will be implemented within traditionally non-circumcising communities in Nyanza province. MMC+ aims to delay the onset of sexual debut, while promoting abstinence and/or practice of safe sex. Adolescent boys and girls between the ages of 10-14 and 15-24 will be targeted with structured week-long behavior change education classes focusing on adolescent reproductive health and HIV education. Out of the 1,200 boys, an estimated 900 boys will opt for circumcision during this week-long course. Parents will be also be targeted with voluntary counseling and testing services. The overall goal is the prevention of new infections through targeted behavior change communication focused on promoting abstinence and delayed sex debut among the youth. AIDSRelief supports scale-up of quality care and treatment services at 21 faith-based local partner treatment facilities (LPTFs), with 40 decentralized locations, across five provinces of Kenya. The AIDSRelief Consortium led by Catholic Relief Services (CRS) in partnership with Catholic Medical Mission Board (CMMB), the Institute of Human Virology of the University of Maryland (IHV) and Constella Futures brings to the AIDSRelief team years of experience in delivering ART to local faith-based partner treatment facilities, in collaboration with Kenya Episcopal Conference (KEC), Christian Health Association of Kenya (CHAK) and the Ministry of Health through the National AIDS and STI Control Program. By March 1, 2008 AIDSRelief will support 25,000 patients on ARV treatment and 35,000 on care; at least 10% of these are children.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

The overall goal is the prevention of new infections through targeted behavior change communication focused on promoting abstinence and delayed sex debut among the youth. The key objective is to provide access to medical male circumcision plus (MMC+) adolescent reproductive health education. Key activities proposed are: 12,000 individuals will be reached through community mobilization; 6 AIDSRelief LPTFs providing MMC + in Nyanza Province; Curriculum developed in collaboration with NASCOP; 1,560 youth participating in MMC+ - 1,200 boys and 360 girls (100-300/LPTF); 900 boys circumcised; 2,400 parents/guardians provided with education on HIV prevention and VCT; 2 community leaders engaged in MMC + activities at each site; 60 individuals will be trained in providing appropriate messaging; and 6 – 8 clinical officers and/or nurses trained in proper circumcision procedures.

3. LINKS TO OTHER ACTIVITIES

This activity links to comprehensive HIV care and treatment services, facility-based and mobile VCT, and community-based prevention activities provided by government and mission facilities in Nyanza Province. Linkages to other CRS program areas include: PMTCT, Condoms and Other Prevention, Palliative Care (Basic Health Care and Support), Palliative Care (TB/HIV), HIV/AIDS Treatment (ARV Services), ARV drugs, and Counseling and Testing.

4. POPULATIONS BEING TARGETED

AIDSRelief seeks to roll out Medical Male Circumcision Plus (MMC+) for Nyanza Province at Maseno Mission Hospital, Kendu Adventist Hospital, St Camillus, St Joseph-Nyabondo, St Joseph-Migori, and Tabaka Mission Hospital given that the province has the highest prevalence of HIV/AIDS in Kenya. The general population, including adult men and women of reproductive age are targeted with AB messages. Children and youth, and particularly adolescent boys are targeted with appropriate messages and services. These activities will target parents to help ensure that a supportive adult environment is promoted for a comprehensive youth prevention approach.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses abstinence and being faithful and other prevention strategies through reproductive health education during male circumcision sessions. The activity will address gender, specifically targeting male norms and behaviors and increasing gender equity in HIV/AIDS programs. Additionally, the program will address human capacity development through training and task shifting, and will contribute to local organization capacity building.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16836, 14745, 14746, 14742, 14747

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16836	16836.08	6934	3670.08		Catholic Relief Services	\$300,000
14745	4924.08	6934	3670.08		Catholic Relief Services	\$1,068,000
14746	8843.08	6934	3670.08		Catholic Relief Services	\$2,900,000
14747	4271.08	6934	3670.08		Catholic Relief Services	\$7,732,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Male circumcision

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	12,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	60	False

General population	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	

Coverage Areas

Nyanza

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1501.08

Prime Partner: US Centers for Disease Control and Prevention Funding Source: GAP

Budget Code: HVAB

Activity ID: 5138.08

Activity System ID: 15049

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Abstinence and Be Faithful Programs Program Area Code: 02 Planned Funds: \$588,400

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS. THIS YEAR'S CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHAI.

The only changes to the program since approval in the 2007 COP are:

+ In FY 08 CDC technical staff will dedicate time and expertise to work on the multi-agency efforts to design, develop and implement the new Youth Prevention Initiative. In addition, technical staff will work with partners to streamline development of a comprehensive AB package for adolescents as part of new male circumcision service delivery, particularly with faith-based organizations. CDC Kenya staff will provide an intensive level of technical assistance and programmatic guidance on prevention activities guided by the PEPFAR ABC programming. During FY 2008 CDC will reorganize its existing staff in line with staffing for results objectives and to support FY 2008 AB program strategic priorities.

1. LIST OF RELATED ACTIVITIES

This activity relates to all activities in Abstinence and Be Faithful Programs.

2. ACTIVITY DESCRIPTION

During FY 2007 CDC will continue to work with Government of Kenya agencies and non-governmental partners to promote abstinence and faithfulness as an HIV prevention strategy. CDC Kenya now has a wide range of AB activities and partners, including 11 cooperative agreements designed to promote AB activities with young people. CDC continually identifies and continues to provide an intense level of technical assistance and guidance to ensure that partner activities are focused on behavior change. CDC provides technical support through a close program mentorship of staff at the National Youth Service, a uniformed national training service serving up to 10,000 youth each year. In addition, CDC provides technical assistance to number of local FBOs and CBOs through a capacity building project with CHF International. The sub-grantees working in this area include the Africa Inland Church, the Baptist AIDS Response Agency, Kenva Episcopal Secretariat-Catholic Secretariat, and many others, CDC Kenva staff also have a strong partnership with the non-military uniformed services of Kenya, including the Kenya Prisons, Kenya Wildlife Service, and the police. They have had a key role in introducing the Men as Partners (MAP) curriculum into the training offered to young recruits in the National Youth Service and will introduce this curriculum, which emphasizes changes in male behaviors and attitudes, to young recruits into the non-millitary uniformed services. The types of activities CDC technical staff engage in include training in workplan development, assistance with monitoring and evaluation plans, training to bring local CBO and NGO staff up to date in technical areas of HIV and AIDS, reviewing technical proposals for funding, making technical presentations and supervising partners working through the Cooperative Agreements. CDC Atlanta staff come to Kenya on a regular basis to assist the local partners in developing identified technical areas. The CDC Kenya AB technical team includes one Direct Hire (USDH) working 25% in AB. This staff member has extensive international experience in working with FBOs implementing HIV prevention programs, and the incumbent works directly with implementing partners to ensure the technical soundness of the program. CDC has one locally employed technical staff member working on AB and youth programs on full-time basis. She also has extensive experience in this programmatic area, and spends most of her time working directly with local partners. This team will be supported by two locally employed drivers, one in Nairobi and one in Nyanza, whose work is devoted to supporting AB and youth interventions.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7114

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7114	5138.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4303	1501.07		\$300,000
5138	5138.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3292	1501.06		\$155,000

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

Indirect Targets

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 247.08 Prime Partner: US Peace Corps Funding Source: GHCS (State) Budget Code: HVAB Activity ID: 9078.08

Activity System ID: 15065

Mechanism: N/A USG Agency: Peace Corps Program Area: Abstinence and Be Faithful Programs Program Area Code: 02 Planned Funds: \$880,200

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE HAS BEEN CHANGED TO REFLECT MINOR SHIFT IN ACTIVITIES AND TO UPDATE TARGETS AND BUDGETS ACCORDINGLY.

The only changes to the program since approval in the 2007 COP are:

+ a change in number of Peace Corps volunteers to be recruited and posted; expanded HIV/AIDS training for volunteers and counterparts; and a shift of youth prevention activities to the new Healthy Youth Initiative. + geographic coverage has been revised (or expanded) to include new communities within existing provinces and possible expansion into Northeastern province. + the target population remains essentially the same.

1. LIST OF RELATED ACTIVITIES. This activity relates to activities in Counseling and Testing (#6894), (#6983) and Orphans and Vulnerable Children (#6891).

2. ACTIVITY DESCRIPTION

FY 2008 will see a shift in Peace Corps Kenya efforts under the PEPFAR program with the goal of supporting new programmatic emphases in expanding prevention of mother-to-child transmission (PMTCT) activities, launching the Healthy Youth Initiative (HYPE), enlarging the geographic reach and quality of positive prevention messaging and counseling & testing, and addressing the economic dimension of the HIV/AIDS challenge at a community level. Peace Corps' overall focus remains squarely on prevention and community outreach, areas of recognized organizational strength.

The above-mentioned shift will be achieved through increasing collaboration and synergy with other PEPFAR partners to enhance program delivery and reach at the community level; expanding the reach of our activities, taking into consideration geographic gaps identified by Peace Corps staff and the PEPFAR interagency team and facilitating greater cross-sector approaches to the multi-faceted challenges of HIV/ADS at the community level, particularly related to livelihood and income generating activities.

Peace Corps volunteers will likewise assist in the design and support the expansion of youth prevention initiatives within their communities, including the continued sponsorship and expansion of life skills efforts targeted at girls known as "Camp Glow" (Girls Leading our World) and the piloting of a similar effort for boys. It is important to note that funding for specific youth prevention activities such as Camp Glow and similar, pilot efforts for boys will be funded by the Healthy Youth Initiative (HYPE).

Peace Corps volunteers are currently based in over 135 communities throughout rural Kenya, working in public health, small enterprise development (SED), information & communication technology (ICT), secondary education, deaf education, and the development of HIV/AIDS materials for the deaf community. In FY 2008, all volunteers and their counterparts will be encouraged to participate in expanded, in-service HIV/AIDS training conducted by Peace Corps and PEPFAR partner organizations to increase knowledge and skills in HIV/AIDS community outreach and education, youth prevention activities, income generating activities (including sustainable agricultural practices) and to promote cross-sectoral approaches. Based upon needs within their communities, volunteers and counterparts will develop HIV/AIDS-related actions plans.

At the same time, over 80 public health volunteers (including 16 who arrived in May 2007 and 11 who will be arriving in June 2008, funded by PEPFAR) will receive training to be better able to support youth, expectant mothers (PMTCT) and other segments of the population at risk such as sex workers, at-risk youth, and members of the uniformed services. Out of the training, they will target their HIV/AIDS activities to community need (in line with other priorities such as malaria prevention, water & sanitation improvements, and hygiene education). Peace Corps will also explore a potential role for volunteers in the planned expansion of house-to-house counseling and testing services, as appropriate.

The effort to develop HIV/AIDS materials for the deaf community will continue in 2008 with the fifteen volunteers currently in the field and the recruitment and placement of nine PEPFAR-supported volunteers under the existing initiative known as the Behavior Change & Communication (BCC) and deaf education project. Five of these volunteers will continue the development of posters, interactive materials, and video specifically geared to a deaf audience, assigned to appropriate NGO partners and engage in deaf community outreach activities. They will also explore the development of BCC materials for other vulnerable segments of the population and, drawing upon their graphic design and ICT skills, will contribute to youth prevention messaging. The other four will be assigned to deaf primary schools and will be involved in HIV/AIDS prevention awareness building with students and teachers at their assigned institutions.

Peace Corps Kenya will prioritize the placement of the 20 PEPFAR-supported volunteers into areas of the country that are currently underserved under the overall program. Based upon site assessment, possible areas for consideration include Marsabit and Isiolo (Northeastern), and north of Malindi (Coast) or to new communities within the provinces Peace Corps currently operations including Western, Nyanza, Central, Eastern, Rift and the Coast. In new geographic areas, the plan is to post a group of volunteers in a "cluster" to include public health, education, and SED volunteers, as appropriate, to increase their ability to support each other across sectors.

Peace Corps Kenya will continue to support a number of ongoing initiatives: a Volunteer Activities Support and Training (VAST) program to provide small grants and technical assistance to communities, promoting AB activities and income generation for OVCs, PLWAs, and other vulnerable groups; continued production of HIV/AIDS training manuals in local languages; and equipment and material development for the BCC effort. Peace Corps Kenya will also support the third-year extension of up to five volunteers in 2008 for assignments with interested PEPFAR partner organizations to take advantage of the community-level experience they have gained.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Activities being carried out will contribute directly to USG's Five-Year strategy in support of Kenya's integrated HIV/AIDS programs. Through their involvement with a strong network of organizations at the community level, volunteers will act as catalysts to provide long-term capacity development support to NGOs, CBOs and FBOs. Peace Corps Kenya has over 140 volunteers serving in six of eight provinces in rural Kenya for a period of two years which enables them to make comprehensive needs assessments in their communities and to design and implement the appropriate interventions, collectively with their

Activity Narrative: community members. In FY 2008, PCVs will continue engaging in a range of activities that will lay particular emphasis to Being Faithful.

4. LINKS TO OTHER ACTIVITIES.

These activities link to the Basic Healthcare and Support Activities being undertaken by CDC and USAID and their partners. The Counseling and Testing activities link with the Hope Worldwide (#6894) and Liverpool VCT (#6983) in counseling youth and providing information to young adults, some of whom are deaf and with whom Peace Corps volunteers work. The activities will also link with Condoms and Other Preventions through demonstrations of appropriate condom use. Volunteers will continue to work with Hope Worldwide through youth activities, which target Orphans and Vulnerable Children (#6891).

5. POPULATIONS BEING TARGETED.

These activities will target youth and adults infected and affected by HIV/AIDS and will include caregivers. The number of individuals reached through community outreach that promotes HIV/AIDS prevention through Abstinence and/or Being Faithful (AB) is 23, 850 while those reached through Abstinence Only (A) are 12,760. The activities will also train 700 individuals in promoting HIV/AIDS prevention through Abstinence and/or Being faithful.

6. KEY LEGISLATIVE ISSUES ADDRESSED.

Gender is addressed especially ensuring inclusion of both men and women in activities, training community volunteers and teachers to identify, counsel and refer victims of sexual abuse and violence, challenging norms about masculinity and perception of multiple sexual partners. Activities will be designed to reduce stigma associated with HIV/AIDS.

7. EMPHASIS AREAS

Major emphasis on community mobilization and participation activities. Minor emphasis includes peer education and life skills training and capacity building of teachers and community health workers.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9078

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19938	9078.19938. 09	Peace Corps	US Peace Corps	8922	247.09		\$290,600
9078	9078.07	Peace Corps	US Peace Corps	4309	247.07		\$670,700

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- Reducing violence and coercion

Human Capacity Development

- Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	23,850	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	12,760	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	700	False

Indirect Targets

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

People Living with HIV / AIDS

Coverage Areas			
Central			
Coast			
Eastern			
Nyanza			
Rift Valley			
Western			
North Eastern			

Prime Partner: World Relief Corporation

Funding Source: Central GHCS (State)

Budget Code: HVAB Activity ID: 5378.08 Activity System ID: 15068 USG Agency: U.S. Agency for International Development Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$311,775

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only change to the program since approval in the 2007 COP is: • Geographic coverage has expanded to include Nakuru in the South Rift

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing at local VCT centers not funded with USG dollars.

2. ACTIVITY DESCRIPTION

In FY2008, the "Mobilizing Youth for Life" program (MYFL) will concentrate on improving the quality of AB interventions and expand the program reach through the partnership with seven local FBOs in Central, Western, Nairobi, Rift Valley, and Eastern Provinces. MYFL anticipates reaching 100,000 youth with the behavior change message that prepares them to choose abstinence and fidelity as the best way to prevent HIV/AIDS and other sexually transmitted diseases.

To realize these targets, WR shall work with an extensive network of 100 churches, 360 schools, 4 universities/colleges, and 60 out-of-school youth community groups. WR shall train 730 schoolteachers and hold advocacy and sensitization meetings for 100 pastors, 300 school heads, 18,560 parents, 40 College Advisory Board members, and 10,000 church members to support the 1,870-trained Peer Educators and the 100,000-targeted youth. The Advocacy and sensitization meetings will be to help the influential adults to understand their role in supporting youth in their commitment to AB, and in creating an enabling environment for the youth to learn, practice, and promote the AB message. In total, the program will reach 132,000 individuals with the abstinence and/or being faithful messages and will train 2,600 individuals to promote HIV/AIDS prevention.

The trained peer educators and teachers will carry out peer education activities in the schools, churches, community youth clubs, and university/colleges, keep attendance and abstinence records, establish and run 533 youth clubs that will provide continued social support for youth and sustain the AB campaigns in the respective institutions. They will use the structured peer educator's curriculum, The Choose Life Manual, to facilitate the sessions. The Choose Life Curriculum for ages 10-14 and 15-24 addresses gender-based violence and sexual coercion. It empowers the youth to resist sexual coercion and equips them with life skills to make wise choices. It emphasizes abstinence and faithfulness for youth aged 10-24 through peer education. It has been helpful in maintaining the quality of training interventions and integrity of the AB messages.

The MYFL staff and volunteers will make monthly follow-up visits to each school, university/college, community youth clubs, and church programs to collect data and support the programs in the areas that they may need help. The MYFL staff will use the existing M&E system to track down the programs progress. This includes monthly planning and reporting tools, time sheets, work plans, quarterly partners meetings and strategic communication between WR and the partners throughout the year. WR will continue to build the capacity of the partners, reflecting on the lessons learnt, to help them implement quality AB HIV/AIDS prevention programs.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

WR's AB activities focus on reducing the number of new infections among the youth and subsequently the general population. The project seeks to reduce the number of boys and girls who have sex before age 15 by promoting abstinence only for youth up to age 15 and AB thereafter. MYFL will increase the proportion of men and women 15–24 years who can correctly identify ways of preventing sexually transmitted HIV/AIDS infection from 86% and 77% respectively to 95%.

4. LINKS TO OTHER ACTIVITIES

While MYFL is an AB program, a considerable number of youth in the target population is sexually active. For these youth, secondary abstinence will be encouraged. Condom use would be discussed but great emphasis will be given to referring them to voluntary counseling and testing (VCT) and STI diagnosis and treatment centers for a more comprehensive approach.

5. POPULATIONS BEING TARGETED

MYFL targets youth between ages 10-24. We will expand our reach especially to children ages 10-14 by preparing them to choose abstinence before marriage as the best way to prevent HIV/AIDS and other sexually transmitted diseases by delaying sexual debut. The project also targets influential adults (i.e. parents, teachers, church leaders) to help them understand their role in encouraging youth to make wise choices about their sexual behavior.

6. KEY LEGISLATIVE ISSUES ADDRESSED

WR's structured peer education curriculum for ages 10-14 and 15-24 addresses gender-based violence and sexual coercion. It empowers the youth to resist sexual coercion and equips them with life skills to make wise choices.

7. EMPHASIS AREAS

MYFL's major emphasis is on promoting abstinence and being faithful for youth ages 10-24 through peer education. The structured peer educator's curriculum has been very well received by staff as a tool to help them maintain the quality of training interventions and integrity of the AB messages. In addition, the project is developing the capacity of seven local FBOs serving youth to implement quality AB HIV/AIDS prevention programs. MYFL will also enhance an enabling environment through mass events for promotion of abstinence until marriage and fidelity to one faithful uninfected partner.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7131

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19941	5378.19941. 09	U.S. Agency for International Development	World Relief Corporation	8924	3705.09		\$624,104
7131	5378.07	U.S. Agency for International Development	World Relief Corporation	4312	3705.07		\$300,585
5378	5378.06	U.S. Agency for International Development	World Relief Corporation	3705	3705.06		\$0

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	132,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	100,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,600	False

Indirect Targets

General population			
Ages 10-14			
Boys			
Ages 10-14			
Girls			
Ages 15-24			
Men			
Ages 15-24			
Women			
Adults (25 and over)			
Men			
Adults (25 and over)			
Women			
Other			
Religious Leaders			
Teachers			
Coverage Areas			
Central			
Eastern			
Nairobi			

Western

Rift Valley

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 4684.08	Mechanism:	N/A
Prime Partner: World Vision International	USG Agency:	U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area:	Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code:	02
Activity ID: 5720.08	Planned Funds:	\$564,000
Activity System ID: 15069		

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to ADRA's AB program (#6833) and the APHIA II Rift Valley interventions (#9070). Subpartners include Johns Hopkins University Bloomberg School of Public Health, Center for Communication Programs; Scripture Union; and Kenya Students Christian Fellowship.

2. ACTIVITY DESCRIPTION

The Abstinence and Risk Avoidance for Youth (ARK) Program continues to build upon the expertise and onthe-ground presence of World Vision Area Development Programs (ADPs), relationships with schools, local churches, FBOs, CBOs, NGOs and other affinity groups. ARK will expand to new divisions in same target districts and (i) train/retrain Peer Educators and Youth Mentors, radio listeners groups, theater groups, and radio presenters, faith leaders, teachers, health workers, and other community leaders; (ii) hold peer to peer education and dialogues; (iii) strengthen Youth/Parent Advisory Groups and parent/youth action groups; (iv) produce radio spots, discussion programs, motivational tools; (v) organize Community Care Coalitions (CCC) or equivalents providing care and support to OVC and PLHWAs to promote/reinforce AB messages; and (vi) heighten supportive supervision. ARK's focused messages and skills development are on risk avoidance/reduction for all youth, regardless of age group. The aim is to delay first intercourse among youth 10 to 14 years old, to delay first intercourse and/or increase "secondary abstinence" until marriage among sexually active 15 to 24 year olds; to strengthen people's (15 to 49 year olds) understanding and capacity to practice mutual fidelity and commitment to a single partner and address needs of discordant partners. Organizations, structures such as youth-serving facilities, FBOs, CBOs, schools, church and faith communities will continue to be strengthened to support young people in their efforts to abstain and be faithful. Capacities of Area Advisory Councils will be built to coordinate activities of local HIV/AIDS committees and to begin to lead joint planning and assessment of ARK activities. Common Ground Melting Pot meetings among youth, parents and other stakeholders will stress broader prevention issues that include adults. The ARK Management Team will present briefings and/or progress reports to the governments on ARK AB programs. In addition, ARK will continue to build the capacity of the two partner FBOs to improve the quality of their training.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

ARK will reach 97,000 individuals and train 5,000 people. Specifically, ARK will train/retrain 4,000 youth PEs, 500 parent/adult mentors, 200 faith leaders, 200 teachers, 75 community leaders, and 25 health workers to promote "A and/or B". These trained individuals will reinforce and/or equip 55,000 youth 10 to 14 years old with knowledge and skills that will help them delay age of sexual debut and 42,000 youth 15 to 24 years to practice primary or secondary "A and/or B", contributing to a reduction in the rate of HIV transmission. ARK will continue to create a critical mass of groups of youth peer educators and adult mentors trained by 30 certified master trainers to conduct downstream training in "A and/or B" to youth, parents, community and religious leaders, teachers, and youth service providers." ARK will continue to mobilize government leaders at various levels, promote the rights of youth and to join various ARK activities. All the above activities support the national strategies of the government of Kenya and have the explicit support of government ministries that deal with youth and HIV/AIDS.

4. LINKS TO OTHER ACTIVITIES

ARK activities are linked to ongoing work within the World Vision ADPs; collaboration with Ministries of Education and Health to mobilize and equip youth, health care providers and teachers with skills to promote A and/or B behaviors. ARK also works to increase the range and quality of services to the youth and links with ADRA's AB program and AB activities of APHIA II Rift Valley (#9070). ARK also builds on the successes of the KATSO program, facilitated advisory and action groups and the systems that exist in the communities to cultivate supportive family and community environments. ARK works closely with village and district level leadership as well as FBO leaders to address obstacles in the environment that curtail the adoption of A&B norms.

5. POPULATIONS BEING TARGETED

ARK's primary target audience is girls aged 10-24 years with boys of the same age as a secondary target; this year expanding to adults up to 49 years old (male/female), while parents, caregivers, teachers, religious and community leaders and health care providers are tertiary targets. ARK targets youth aged 10-14 with outreach "A" activities; aged 15-24 years receive "A and/or B" activities inc. including secondary abstinence for those who are already sexually active; 25 to 49 with "B' and condom use messages.

6. KEY LEGISLATIVE ISSUES ADDRESSED

ARK activities address male and female cultural beliefs, norms and stereotypes that predispose both sexes to HIV infection, while empowering males to be defenders of women and girls' rights and to exercise equity in all areas. ARK maintains a deliberate bias towards addressing the needs of girls and young women.

7. EMPHASIS AREAS

This activity emphasizes community mobilization of various types of organizations referred to above. Other emphases include local organization capacity development; quality training and supportive supervision; strengthening the M&E system; mass production of 'extending tools' e.g., ARK passport to enable the youth to stick to the healthy choices they make.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7133

Related Activity: 14798, 14721

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19942	5720.19942. 09	U.S. Agency for International Development	World Vision International	8925	4684.09		\$798,837
7133	5720.07	U.S. Agency for International Development	World Vision International	4684	4684.07		\$1,090,184
5720	5720.06	U.S. Agency for International Development	World Vision Kenya	3220	291.06	Kenya AIDS Treatment and Support for OVCs	\$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14798	9070.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$2,100,000
14721	5716.08	6921	3706.08		Adventist Development & Relief Agency	\$977,256

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	97,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	55,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	5,000	False

General population
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Special populations
Most at risk populations
Persons who exchange sex for money and/or other goods with one or more multiple or co

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Discordant Couples

Religious Leaders

Teachers

Coverage Areas

Nyanza

Rift Valley

Western

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3588.08

Prime Partner: Population Services International Funding Source: GHCS (State)

Budget Code: HVAB

Mechanism: APHIA II - Health Communication & Marketing USG Agency: U.S. Agency for International Development Program Area: Abstinence and Be Faithful Programs Program Area Code: 02

Activity System ID: 14980

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

• \$200,000 of this activity supports the healthy youth initiative and is programmed with funds from the \$7 million FY 08 plus up;

• Expand the youth interpersonal program in schools and promote a new youth campaign that addresses abstinence and behavior change.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Other Prevention (#8930), (#8932), (#8874), (#9040), (#8937), (#8927), (#8942), Counseling and Testing (#8760), (#8776), (#8777), (#8778), (#8781), (#8782), (#8976), Prevention of Mother-to-Child Transmission (#8729), (#8733), (#8734), (#8738), (#8752), (#8764), (#7087), HIV/AIDS Treatment: ARV Services (#8765), (#8774), (#8792), (#8797), (#8805), (#8813), (#8826), (#6899) and HIV/AIDS Treatment: ARV Drugs (#6997).

2. ACTIVITY DESCRIPTION

In 2008 HCM will develop at least two mass media campaigns and develop interpersonal communication programs in schools that will reach 100,000 youth and train at least 600 peers in HIV prevention activities. APHIA II Health Communication and Marketing (HCM) is an integrated project, focused primarily (at least 75%) on HIV/AIDS prevention, care and treatment in support of other PEPFAR activities in Kenya. The purpose of the HCM award is to improve healthy outcomes through increased prevention and other healthy behaviors. This will be done through marketing and communications activities within the health sector. This activity will also build the sustainability of local organizations to do this work. Through a Public-Private Partnership \$200,000 will support the development of a nationwide follow-on to the highly successful PEPFAR-funded "Nime Chill" youth abstinence campaign. Discussion is underway to partner with the Coca Cola Foundation for this project, where Coca Cola would contribute marketing expertise and its access to trucks, kiosks, and other physical structures to display the abstinence message. The objectives of this activity in HIV/AIDS are to 1) improve the preventive behaviors of Kenyans related to HIV/AIDS, in particular increasing the percent of men and women aged 15-24 abstaining from sex, promoting fidelity, partner reduction, the correct and consistent use of condoms in high-risk sexual encounters, and the percentage of men and women going for VCT and receiving their test results (the "ABC" approach); 2) improve service utilization rates for voluntary counseling and testing (VCT), and prevention of mother to child transmission (PMTCT) of HIV. This includes increasing the percentage of pregnant women who access PMTCT services including VCT and increasing the number of Kenyans who use VCT services and receive their test results; build the capacity of local institution(s) in Kenya's commercial, non-governmental, and/or faith-based sectors by working in collaboration with them to develop and manage a cost-effective marketing, sales and distribution network that improves availability and access by key populations to products related to HIV/AIDS; 4) develop and manage a communications initiative to increase knowledge and change behavior of Kenyans with respect to HIV/AIDS including interpersonal communication; and 5) develop the management and technical capacity of these organizations to manage and implement social marketing and communications programs. Through these interventions, the awardee will target at least 100,000 people with AB messages and train at least 600.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY 2007, in AB, this partner will develop and disseminate communication messages/materials on abstinence for youth and build on programs in the education sector targeting in-school youth. It will also promote messages on secondary virginity and the importance of faithfulness within marriage. This activity will generate demand for information about abstinence and being faithful, which will be followed up with interpersonal communication activities.

4. LINKS TO OTHER ACTIVITIES

The Health Communications and Marketing project is a national level activity that will enforce messages through mass media and interpersonal communication developed in collaboration with projects working at the regional level. These projects will "feed into" the development of population-specific messages which will strengthen peer education interventions implemented on the ground.

5. POPULATIONS BEING TARGETED

AB messages will primarily focus on 10-14 year olds, both in- and out-of-school; youth of reproductive age and teachers, but also adult members of the general population.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Messages developed will address gender norms and behavior, stigma and discrimination.

7. EMPHASIS AREAS

APHIA II HCM is primarily a communications activity focusing on the development of information, education and communication. However, they will also mobilize communities through interpersonal communication, make linkages with other sectors for message development (e.g. CT, PMTCT), collaborate with the education sector, and train individuals in message development and communication. The purpose of the HCM award is to improve health outcomes through increased prevention and other healthy behaviors. This will be done through marketing and communications activities within the health sector. This activity will also build the sustainability of local organizations to do this work. In collaboration with the Ministry of Health, PSI will also promote medical male circumcision as a proven intervention to reduce transmission of HIV. Information about abstinence and being faithful will be shared with those who volunteer to undergo circumcision.

Continuing Activity: 7052

Related Activity: 14982, 14979, 14981, 14983, 14985

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22542	5090.22542. 09	U.S. Agency for International Development	Population Services International	8965	3588.09	APHIA II - Health Communication & Marketing	\$3,306,751
7052	5090.07	U.S. Agency for International Development	Population Services International	4289	3588.07	APHIA II - Health Communication & Marketing	\$2,360,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14979	4994.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$200,000
14981	8804.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$240,000
14982	5006.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$2,000,000
14983	9053.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$400,000
14985	4930.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$2,750,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Workplace Programs

Food Support

Public Private Partnership	
Estimated PEPFAR contribution in dollars	\$200,000
Estimated local PPP contribution in dollars	\$200,000

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	100,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	600	False

Indirect Targets

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Teachers

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3734.08

Prime Partner: Program for Appropriate Technology in Health Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 5443.08

Activity System ID: 14989

Mechanism: Scouting Solutions

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$795,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

The project is delivering information and building skills that encourage abstinence and being faithful components of the comprehensive A, B and C approach to HIV prevention.

2. ACTIVITY DESCRIPTION

PATH is implementing the Scouting for Solutions (SfS) project in partnership with the Kenya Scouts Association (KSA). The core focus is to reach young people with information and skills for HIV prevention through abstinence and being faithful messages. We are targeting young people aged 12-15 years who are reaching out to their peers and friends and siblings who could be below 12 years or above 15 years. Through scouts, we are also reaching out to their parents and guardians. Year 3 activities centered on the following areas: a) information and skills building for scouts through newsletters (60,000 copies), activity packs, and scout competitions; b) training of 1,800 scout leaders on additional modules on Management and Supervision, Little Magnet Theatre, Activity Packs 3 and 4, and Counseling. These scout leaders were able to reach about 43,000 scouts. To ascertain that the scouts were engaged in SfS activities, 46 schools were visited as part of monitoring and supervision of project. Parents and guardians were involved via creative workshops to develop activity packs and in school committees. Throughout the year, scouts all over the country were engaged in preparatory activities for centenary celebrations which provided an opportunity for HIV prevention messages through discussions and a special edition of the newsletter for the Centenary Jamboree.

Activities for Year 4 will continue to build on previous activities to contribute to the key strategic objectives. Scout leaders are the avenue used to reach scouts with information and skills for HIV prevention so 5,400 scout leaders will be trained in FY 2008. They are expected to reach to 91,800 scouts. Through the Little Magnet theatre performances, scouts will be able to magnify what they have learned on HIV prevention to their peers, the school fraternity and the wider community, scouts will continue to implement shows. Activity Packs 5 and 6 will address issues of ASRH, building healthy relationships and gender-based violence including sexual abuse and its implications. Packs 7 and 8 will focus on abstinence, negotiation for safe sex and life skills. Three newsletters will be produced: two regular editions plus the Camporee edition during the national competitions. Themes for the newsletters will be developed by the scouts during creative/editorial workshops. SfS will promote 4 proficiency badges that promote gender equity. These will be on cookery, housekeeping, baby care and handiwork badge. These will expose boys and girls to activities that are traditionally reserved for the other gender. Using the cameras awarded in Year 2 competitions and new disposable ones, the scouts will start a pilot program of amateur photography. The nine provincial teams that won cameras will be trained on photography and provided with films and notebooks to record interesting activities for scouts and communities. The photos will be used to trigger discussions on HIV prevention, gender issues and care for environment among other scouting activities. A comic book modeled on PATH's highly popular Nuru will be developed based on the scouts' "Tommy the Tenderfoot" series. The comic book will be used to promote gender equity and will discuss issues generated by the scouts. SfS will distribute copies to all participating schools. Free play Foundation provided SfS with 500 solar radios which were distributed to 14 districts. SfS will explore, on a pilot basis, collaboration with local radio stations based in rural areas that can give free airtime to discuss issues related to HIV prevention for the youth and also to serve as a forum of exchange by young people. The schools with radios can also benefit from school broadcasts by the Ministry of Education on HIV prevention topics. PATH will continue to work with KSA to strengthen the organization's capacity for implementation and supervision of project activities. Meetings with key stakeholders and partners will continue through the Program Leadership Group and the SfS Technical Committee. Parents and community members will be engaged in SfS activities, through activity packs and newsletters provoke dialogue with these key audiences. Additionally, Straight Talk Foundation and Instituto Promundo will continue to provide technical assistance to the project in newsletters and gender and advocacy areas respectively.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through these interventions, the SfS project addresses issues critical to young people in HIV prevention. This includes providing information and building skills necessary for positive behavior formation, enhancing gender sensitivity among the boy scouts and scout leaders. The project is working to increase gender equity in HIV/AIDS prevention because girls are 4 times more likely than boys to be infected. The project also reaches vulnerable groups such as out-of-school and street youth. Through newsletters and activity packs, SfS is providing the youth with credible sources of information and a forum for interacting and exchanging ideas. Parents/guardians and other protective adults are being engaged through dialogue and communication skills to provide the youth with a supportive environment for behavior change. Training, which is a major component of the SfS project, provides skills and opportunities for scout leaders and other adults with skills to change their own behavior even as they assist the youth to change. Using the strategy of incremental knowledge through introduction of new training modules and new information materials, the project has been able to retain the trained teachers and to keep the scouts interested to learn news ideas.

4. LINKS TO OTHER ACTIVITIES

In addition to the above activities, parents/guardians, policy makers and other stakeholders will be brought on board to support girls in scouting. Parents/guardians and other protective adults who are not only influential sources of knowledge, beliefs, attitudes and values for young people but also important gatekeepers will be engaged in reinforcing the messages scouts are getting from the project. Year 4 activities will also include lobbying with policy makers within the scouting system and the Ministry of Education to provide more support for scouting at the district level.

5. POPULATIONS BEING TARGETED

The SfS project targets boys and girls aged 12-15 years, the scout leaders mainly in primary schools, parents and guardians and members of the community as well as the volunteers to manage the scouting movement.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The Sexual Harassment and Abuse prevention policy will contribute to the work going on under the Sexual Offences Bill by localizing efforts to operationalise the bill.

Activity Narrative: 7. EMPHASIS AREAS

The SfS project lays major emphasis on reaching adolescents and pre-adolescents at the critical stage of transition to adulthood with information, education, and communication so as to build the skills and information base for HIV prevention. Girls have been shown to be more vulnerable so and efforts will be make to reach both the in- and out-of –school. Efforts will be put in advocacy with policy makers especially in the Ministry of Education so as to leverage resources for project sustainability after the funding period. Capacity building of Kenya Scouts Association through training scout leaders and strengthening local associations at the district level will contribute immensely to its capacity to reach a large number of young people with HIV prevention messages.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7029

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20090	5443.20090. 09	U.S. Agency for International Development	Program for Appropriate Technology in Health	8962	3734.09	Scouting Solutions	\$737,054
7029	5443.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	4277	3734.07	Scouting Solutions	\$1,161,244
5443	5443.06	U.S. Agency for International Development	Program for Appropriate Technology in Health	3734	3734.06	Scouting Solutions	\$0

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	91,800	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	5,400	False

Indirect Targets

Target Populations	
General population	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Special populations	
Most at risk populations	
Street youth	
able 3.3.02: Activities by Funding Mechansim	
Mechanism ID: 3826.08	Mechanism: N/A

Prime Partner: Salesian Mission

Funding Source: Central GHCS (State)

Budget Code: HVAB

USG Agency: U.S. Agency for International Development Program Area: Abstinence and Be Faithful Programs Program Area Code: 02

Activity System ID: 15002

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

• In order to complement the rest of the USAID Kenya HIV and AIDS program, Salesian Missions will collaborate closely with the APHIA II partners in the provinces in which they are working, i.e. Central, Nairobi, Eastern and North Eastern. This will strengthen the country program and help to avoid duplication of services to the same populations in the same geographic areas but instead fill in any gaps. This activity is continuing in FY08 without new funding.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in the Abstinence and Be Faithful program areas.

2. ACTIVITY DESCRIPTION

In FY 2008, the "Life Choices Program" will provide AB messages to 23,500 individuals. Out of the 23,500 youth reached, 6,000 will be reached with abstinence only messages. The target population is youth 10 to 19 years of age at over 13 Salesian sites in Central, Nairobi, Eastern, and North Eastern provinces. The majority of Salesian Missions' (SM) work will be in the rural areas of Embu, Kakuma, Korr and Makuyu as well as urban Nairobi (Boys Town, Kibera, Mlolongo, Upper Hill, and Utume) where HIV/AIDS prevalence in Kenya is 10% versus 6% nationwide. The trainers will directly reach close to 12,500 youth in-school and out -of-school via the Life Choices curriculum. Approximately 400 peer educators will be trained and are expected to reach 9,000 youth. Twenty of the peer educators will exclusively target OVC. The involvement of parents, teachers, community leaders and parishes will support and reinforce the behavior change messages advocated by the trainers and peer educators. Five hundred parents will be educated by the trainers. Community mobilization and participation will occur in the parishes by training 100 parishioners who will reach 1,500 people. BCC messages will provide additional reinforcement and reach approximately 10,000 youth.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Salesian Missions is supporting the USG's objective of promoting HIV prevention efforts in Kenya through peer education, outreach for in- and out-of-school youth (notably street children and OVC), and community mobilization. The main objective is to change social norms regarding risky sexual behavior, and the education and dissemination of information on condoms and condom use.

4. LINKS TO OTHER ACTIVITIES

Salesian Missions will contribute substantially to Kenya's 5-Year Strategy by encouraging youth to be tested for HIV if they have been exposed to the virus or STIs. The health-seeking behavior message will be delivered to every youth 15 years of age or older. Strong links will be established to the local VCT centers and all peer educators will be encouraged to go through VCT. The health-seeking behavior message will increase the utilization of the local VCT centers by youth and will reduce the stigma associated with VCT centers.

5. POPULATIONS BEING TARGETED

The AB activities target youth (10 to 19 years of age), especially girls and young women since they are at greater risk than the boys and young men. The Salesians work very closely with OVC and street children, which are high-risk populations. For FY 2008, approximately 370 OVC youth will be reached with AB and health-seeking behavior messages.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues will be addressed during the training. The educational and advocacy messages of the program include gender equality, trans-generational sex, male norms, stigma and discrimination and reducing sexual violence and coercion. These messages will be reinforced by the BCC campaign.

7. EMPHASIS AREAS

The Salesian Missions activities place an emphasis on information, education and communication with minor emphases on training, community mobilization / participation, development of linkages, quality assurance, strategic information, education and communication.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7033

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20067	5762.20067. 09	U.S. Agency for International Development	Salesian Mission	8956	3826.09		\$133,300
7033	5762.07	U.S. Agency for International Development	Salesian Mission	4281	3826.07		\$56,599
5762	5762.06	U.S. Agency for International Development	Salesian Mission	3826	3826.06		\$621,140

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	23,500	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	6,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	500	False

Indirect Targets

General population

Ages 10-14

Boys

Ages 10-14

Girls

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas	
Central	
Vairobi	
Rift Valley	
Eastern	

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3707.08 Prime Partner: Samaritan's Purse Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 5440.08

Activity System ID: 15003

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$669,587

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

• Geographic Coverage: The Meru North district which is the Samaritan's Purse MET program geographic coverage has been sub-divided into two districts (Igembe and Tigania) but this does not change the operations of the MET program;

• During 2007, Samaritans Purse and APHIA II Eastern will analyze the similarities and differences between the MET and the nationally rolled-out KARHP program, both targeting in-school youth and adults, and make any program revisions necessary to provide comprehensive prevention programming.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Voluntary Counseling and Testing and care programs at faith-based hospitals including Maua Methodist Hospital, Tigania Catholic Mission Hospital, and Nyambene District Hospital.

2. ACTIVITY DESCRIPTION

Samaritan's Purse implements an ongoing abstinence and behavior change program for youth called MET (Mobilizing, Equipping, and Training) that focuses on helping youth make healthy choices that prevent new HIV infections through practicing abstinence, secondary abstinence, and faithfulness. In FY08, SP will focus on increasing primary abstinence among the never married youth (15-24 years), increasing accepting attitudes among never married youth, and increasing the uptake of VCT services among individuals of ages 15-24 years. In a follow-up survey conducted in February 2007, these areas of focus were identified as deficient. To address these concerns, SP intends to continue the standard MET approach cycle of activities with modifications to existing activities and addition of new ones. Specifically, SP will involve people living with HIV/AIDS (PLWHAs) in addressing issues of stigma by providing platforms where PLWHAs will address stigma and its effects in fueling the spread of HIV/AIDS. As part of the standard cycle of MET activities SP will continue involving youth in visiting PLWHAs homes to interact with families and change their perception of them. SP will conduct youth day conferences, abstinence open days, soccer tournaments, and Community Theater that pass important messages on abstinence as well as distributing bumper stickers bearing different AB slogans and encouraging participation in national holiday celebrations as effective fora to mobilize young people towards healthy behavior change. To increase the uptake of VCT services among individuals SP will collaborate with already existing VCT centers, health centers and APHIA II Eastern to avail mobile VCT services in communities where SP conducts workshops. Additionally, SP will conduct VCT open days where community members will be enlightened on the importance of VCT in HIV prevention and offered an opportunity for testing. SP will train 1,600 individuals to provide HIV/AIDS prevention programs that focus on AB. Those trained will reach 68,000 youth with community outreach HIV/AIDS prevention programs that promote AB. These sessions will take place in 42 communities in the Tigania, Ntonyiri, and Igembe supervisory areas within Igembe and Tigania Districts. In addition to ongoing program monitoring, follow-up surveys in February and August of 2008 will provide management with data on the program's impact on knowledge, attitudes, and practices of young people in the target area.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The MET program targets include 68,000 individuals reached through community outreach programs that promote abstinence and/or being faithful, and these targets correspond with the Kenya Five-Year Strategy goals. Those unmarried youth and their peers reached will receive specific messages to choose abstinence as a life-saving option, and faithfulness will be emphasized for married youth. More narrowly, a significant percentage of those reached will promote a message of new behavioral norms and legal protections responsive to the special vulnerability of girls. Another contribution to the Kenya Strategy goals is that a significant portion of the targets will have messages about the heightened risk of orphans and other vulnerable children. This activity also focuses on youth as a priority population by promoting youth campaigns aimed at encouraging a change in sexual behavior, discouraging drug and substance abuse, focusing on negative peer influence as a way to prevent new HIV/AIDS infections in the community and developing links between BCC programs and care services for PLWHA.

4. LINKS TO OTHER ACTIVITIES

The MET Program creates linkages between the grassroots implementers and other services. To underscore the emphasis on abstinence and being faithful, linkages to services for STI treatment and VCT are necessary. SP will refer youth in need of these services to Maua Methodist Hospital (MMH), the Nyambene District Hospital (NDH), Kangeta Youth Friendly Center and the Ministry of Health (MoH) supported VCT center in Maua town. SP will network with APHIA II Eastern in providing VCT services to individuals who turn up during VCT open days. Youth and youth leaders will participate in the care of PLWHA, and make referrals to the PEPFAR funded ART and palliative care programs at MMH and NDH. Linkages between SP's Community Based Volunteer Teams (CBVTs) and APHIA II will help equip CBVTs with drama skills to pass AB messages through the magnetic theater training.

5. POPULATIONS BEING TARGETED

The MET program targets primarily youth, including girls, boys, primary and secondary school students. Additionally, program activities target adult men and women, HIV/AIDS-affected families, out-of-school youth, community leaders, religious leaders, and volunteers. Groups and organizations targeted include community-based organizations, faith-based organizations and rural communities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The program addresses gender equity in programming through behavior change messages, mentoring of vulnerable girls and young women and respectfully challenging male norms and behaviors through community conversation on sexual abuse and exploitation of children and youth. Training community mentors and increasing dialogue with community and government leaders aims at reducing violence and coercion. Open dialogue about HIV/AIDS helps break the stigma and identify the cultural norms contributing to abuse of children.

7. EMPHASIS AREAS

This activity includes major emphasis on information, education, and communication. Minor emphasis areas are community mobilization/participation, training, and linkages with other sectors and initiatives.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7034

Related Activity: 14863, 14867

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20068	5440.20068. 09	U.S. Agency for International Development	Samaritan's Purse	8957	3707.09		\$960,983
7034	5440.07	U.S. Agency for International Development	Samaritan's Purse	4282	3707.07		\$634,128
5440	5440.06	U.S. Agency for International Development	Samaritan's Purse	3707	3707.06		\$O

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14863	8932.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,200,000
14867	8782.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,200,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	68,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,600	False

General population		
Ages 10-14		
Boys		
Ages 10-14		
Girls		
Ages 15-24		
Men		
Ages 15-24		
Women		
Adults (25 and over)		
Men		
Adults (25 and over)		
Women		

Coverage Areas

Eastern

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 4921.08

Prime Partner: United Nations High Commissioner for Refugees

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 9215.08

Activity System ID: 15014

Mechanism: N/A

USG Agency: Department of State / Population, Refugees, and Migration Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$200,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8980), Condoms and Other Prevention (#9235).

2. ACTIVITY DESCRIPTION

The United Nations High Commissioner for Refugees (UNHCR) will provide targeted Abstinence/ Be Faithful behavioral interventions to 50,000 young individuals and train 300 people to deliver these interventions at the Dadaab Refugee Camp in North Eastern Province, Kenya. These include 60 reproductive health motivators will be retrained on HIV Prevention education so that this is incorporated into their RH education. Dadaab, established in 1991, consists of three settlements (Ifo, Hagadera and Dagahare), and hosts 140,000 Somali refugees and 20,000 Kenyan Somali. Each camp has a hospital and three satellite health centers. Sentinel surveillance activities in 2005 reported a 1.4% HIV seroprevalence among ANC clinic attendees, 1.7% among STI patients, indicating a generalized epidemic and providing estimates of 2300 HIV-infected refugees. UNHCR will build on care activities being provided by its three implementing partners, GTZ, National Council of Churches of Kenya (NCCK), and CARE Kenya's Emergency and Refugee Operations (ERO). The AB program will be implemented mainly by two partners; CARE and NCCK. CARE will target youth in schools and will train thirty teachers from both the camp and the host population and support them in delivering interventions in school. This will be further boosted by supporting HIV prevention clubs in schools and training peer educators. NCCK, the lead agency in community mobilization, education and information on HIV in Dadaab will use multiple approaches to strengthen behavior change among young people in Dadaab. It will develop age-appropriate and culturally sensitive IEC material and distribute these widely. It will also expand access to a two-year World Space radio intervention to increase the number of youth enrolling in listening clubs as well as motivating their sustained participation. Youth involvement will be enhanced through participatory approaches such as Magnet Theater. Humanitarian aid workers will also be targeted through workplace programs. These workers work in isolation from their families for long periods of time and are vulnerable to concurrent and multiple sexual partnerships. In 2000, UNHCR and its three partners initiated HIV prevention, care and support services on a limited scale. These partners depend on UNHCR for 80-95% of their Dadaab program funding. Financial constraints have prevented UNHCR to meet the increasing demand for a comprehensive HIV program, and additional funding and technical support are necessary to expand the scope and quality of existing services. Targets are modest because of the extreme remoteness of these areas, and the challenges associated with conducting activities in the refugee camp and the slow start up expected in initiating programs in the first year of funding. UNHCR will work in close collaboration with CDC and other USG agencies for technical guidance on all Emergency Plan program areas.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to providing comprehensive AB education and life skills to 50,000 youth and young adults and training 300 people.

4. LINKS TO OTHER ACTIVITIES

These activities will link to condoms and other prevention UNHCR (#9235) and Counseling and Testing UNHCR (#8980). Populations in Dadaab will be segmented for appropriate interventions and served under OP and CT programs as need be. The various implementing partners in Dadaab camp will work collaboratively under UNHCR guidance to offer appropriate interventions to young people including young married persons.

5. POPULATIONS BEING TARGETED

This activity targets the children and youth from the Dadaab refugee and local population of that North Eastern Kenya region including youth in school at primary and secondary levels. It will also target out-of-school youth and refugees in the camp. It also targets community leaders, religious leaders, volunteers and teachers. These populations are vulnerable to HIV infection and its impact due to their conflict-affected lives, disintegrated social network and rapid mobility. Program managers and humanitarian aid workers are also targeted for increased training to improve HIV prevention knowledge and improved perceptions on Abstinence and Faithfulness.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to addressing male norms and behavior and increasing gender equity in HIV/AIDS programs. It will focus on reducing violence and coercion especially as it affects young refugee girls and women. It will also contribute to addressing stigma and discrimination, a rampant problem among the refugees and host population.

7. EMPHASIS AREAS

This activity includes major emphasis in community mobilization and participation. It will have a minor emphasis on human resources, information education and communication, quality assurance and supportive supervision as well as training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9215

Related Activity: 15015, 15017

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19998	9215.19998. 09	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	9776	9776.09		\$155,969
9215	9215.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	4921	4921.07		\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15015	9235.08	7009	4921.08		United Nations High Commissioner for Refugees	\$100,000
15017	8980.08	7009	4921.08		United Nations High Commissioner for Refugees	\$200,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	50,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	300	False

Target Populations	
General population	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Other	
Refugees/Internally Displaced Persons	
Religious Leaders	
Teachers	

Coverage Areas

North Eastern

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	4918.08
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 Prime Partner:
 Program for Appropriate Technology in Health

 Funding Source:
 GHCS (State)

Budget Code: HVAB

Activity ID: 8994.08

Activity System ID: 14993

Mechanism: APHIA II - Western

USG Agency: U.S. Agency for International Development Program Area: Abstinence and Be Faithful Programs Program Area Code: 02 Planned Funds: \$2,100,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

+ prime partner PATH has been competitively selected to implement the activity

+ \$200,000 of this activity supports the healthy youth initiative and is programmed with funds from the \$7 million FY 08 plus up

+ geographic coverage has been expanded to include all 14 districts

+ the KARHP methodology will be rolled out in collaboration with the Ministry of Education, Ministry of Health and Ministry of Gender, Sports, Culture and Social Services

+ peer education activities will be rolled out with the Kenya Girl Guides Association

+ AB funds totaling \$23,000 will contribute to the sensitization of teachers as a worksite population linking with additional OP and OHPS funds for a \$150,000 activity to reach 750 teachers and train 20 more + most-at-risk populations in Malaba and Busia along the Mombasa-Kampala transport corridor will be targeted with prevention activities using a "cluster" approach

1. LIST OF RELATED ACTIVITIES This activity relates to activities in Condoms and Other Prevention (#8927), HIV/AIDS Treatment: ARV Services (#8826), and Counseling and Testing (#8777).

2. ACTIVITY DESCRIPTION

\$200,000 of this activity supports the healthy youth initiative and is programmed with funds from the \$7 million FY 08 plus up.

APHIA II Western uses both traditional and public channels to reach out to the in-school and out-of-school youth on AB. These include music, drama, one-to-one counseling and peer education. APHIA will continue to strengthen KARHP activities in 800 existing schools with one teacher each that has been trained and will train an additional 400 teachers in 400 new schools in 2008 (100 secondary and 300 primary), making a total of 1200 teachers trained. (This training will also include a review and dissemination of the Education Sector Policy for HIV/AIDS.) Each of the teachers trained from these schools will recruit and train 20 student peer educators totaling 24,000 trained within the school setting. They will pass on AB messages to 5 students each per month for a total of 1,440,000 students reached. APHIA has taken the project to scale by facilitating formation of provincial youth committees under the auspices of the provincial Director of Education with technical support of the provincial public health officer and provincial director of youth affairs for the coordination of youth in-school and out-of-school activities. This committee meets every quarter for review of activities and progress-monitoring. APHIA II Western has developed a register of schools which indicates the presence or absence of Straight Talk, Scouts and Girl Guide Clubs or other health clubs as a way of determining existing structures through which AB messages may be disseminated to youth in schools. APHIA will also begin to work with the Kenya Girl Guides program and determine how to best integrate these groups into ongoing APHIA activities such as the teacher/youth program above. Peer education encourages involvement of the youth in school around health risk behavior by building and linking with existing structures and encouraging positive adult attitudes and behavior among the teachers and parents.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA AB in this geographical area will contribute substantively to the Kenya Five-Year Strategy for primary prevention which puts youth first to protect them from infection. The child-to-child program provides significant support for appropriate messages to pre-adolescents and their families.

4. LINKS TO OTHER ACTIVITIES This activity carries forward previously approved activities in the 2006 COP and 2007 COP in Western province, including counseling and testing (#8777), OP (#8927) and ART (#8826). Community media messages will encourage safer behavior and promote CT.

5. POPULATIONS BEING TARGETED This activity targets girls, boys, adolescents (in and out of school), adults, and teachers.

6. KEY LEGISLATIVE ISSUES ADDRESSED This activity will address male norms and behaviors, reducing violence and coercion through peer family programs aimed at changing social norms.

7. EMPHASIS AREAS This activity primarily emphasizes community mobilization/participation through peer education by youth advocates with a minor emphasis on training of youth, parents and community leaders as detailed in the activity description in Section 1 above. Local civil society organizations will be strengthened to carry out these activities, and information, education and communication materials will be disseminated as appropriate and needed.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8994

Related Activity: 14994, 14998, 14999

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20070	8994.20070. 09	U.S. Agency for International Development	Program for Appropriate Technology in Health	8958	4918.09	APHIA II - Western	\$1,817,305
8994	8994.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	4918	4918.07	APHIA II - Western	\$600,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14994	8927.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$1,100,000
14998	8777.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$1,100,000
14999	8826.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$3,300,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,440,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	24,000	False

Target Populations

General population	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Special populations	
Most at risk populations	
Street youth	
Other	
Teachers	
Coverage Areas	
Western	

Western

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 448.08

Prime Partner: Population Council

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 4218.08

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Abstinence and Be Faithful Programs Program Area Code: 02 Planned Funds: \$557,000

Activity System ID: 14975

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

 The target population has been revised (or expanded) to include out-of-school girls in urban areas, including domestic workers and married adolescents;

 Other changes include: mobilization of girls-only groups through additional female FOYs, focusing on outof-school girls in urban areas, including domestic workers and married adolescents.

 \$56,000 of this activity is programmed with funds from the \$7 million FY 2008 plus up for the Healthy Youth Programs Initiative.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Condoms and Other Prevention Activities (#7027) and Counseling and Testing (#8753).

2. ACTIVITY DESCRIPTION

Population Council's (PC) 'Friends of Youth' (FOY) Project, working in partnership with the Family Health Options Kenya (FHOK) will reach 60,000 youth with abstinence and faithfulness messages through training fifty new adult mentors and providing update trainings to all 250 Friends of Youth (FOYs), some of whom will receive update training in counseling and testing. It builds on tested interventions that are consistent with local cultures of adult-youth mentoring by enlisting the involvement of trusted adults and older youth in the community to act as friends of youth. These FOYs will help to positively influencing safer sexual behavior and changing community and social norms. The intervention employs a behavior change model whose effectiveness has demonstrated effectiveness in delaying sexual initiation, increasing secondary abstinence and reducing the number of sex partners among adolescents. The program links youth with a trained adult mentor at village level. The program will work with 250 FOYs who will use an informal curriculum-based approach using the 'Life Skills Plus' curriculum. Each of the 250 FOYs will reach at least twenty new youths each month to encourage abstinence and behavior change activities. Additionally, the FOY project will train 50 youth in participatory theatre to enhance their involvement in community HIV education activities. The project will expand its activities to the Embu municipality, which bears close proximity to Nyeri and shares similar cultural practices. These activities will contribute to our results of HIV preventive behaviors among youth improved, changed social and community norms to promote HIV preventive behaviors in youth, and models for effective youth interventions tested. Significant changes from FY 2006 to FY 2007 include scaling up to a new project site, Embu municipality as well as integration of alcohol and substance abuse education and related services. This expansion will also enable the FOY project to undertake baseline studies for a subsequent targeted evaluation. Data management will be strengthened through establishing more effective linkages with other service delivery partners. An important addition to the project will be establishing linkages for adolescent care and treatment in both private and public heath care facilities. PC has done extensive work on effective youth interventions and this project will scale up a successful youth-adult behavior change model in selected urban areas in Kenya. Population Council will study the results of this project so that lessons can be learned about this approach to youth HIV prevention. To help improve health services for young people, young people will be served through selected private service providers through a coupon system in which referrals will be made particularly through the youth center for free health services. This activity also includes support to the Family Health Options Kenya who implements activities integral to the program for \$80,000.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

During the 2007 project period, a total of 60,000 individuals will be reached with an intensive curriculumbased life skills training program through 250 FOYS/adult mentors trained. Community outreach programs that promote abstinence and/or being faithful through five project sites namely Nyeri, Nyahururu, Thika, Embu and Huruma slums in Nairobi will contribute to the Emergency Plan prevention targets.

4. LINKS TO OTHER ACTIVITIES

This activity relates to PC (FOY) other program areas, FOY AB activities will contribute to achievement of targets in OP activity (#7027), CT activity (#8753). PC-FOY will continue strengthening the referral system that encourages youth to adopt good health-seeking behavior by eliminating treatment cost barriers.

5. POPULATIONS BEING TARGETED

This activity will target young men and women of reproductive age who are mainly the FOYs as well as youth including primary and secondary school students. It will continue to identify community leaders who will be instrumental in the recruitment of friends of youth. Religious leaders and program managers will be actively involved in this activity and the trusted adults selected will serve in a volunteer capacity and continue to receive only a minimal honorarium and occasional incentives such as training. This activity will continue to intensively involve teachers through its' in-school programs. The project will extend its coverage to rural communities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender issues by increasing gender equity in its HIV/AIDS programs and will continue to address male norms and behaviors, particularly ensuring that there is a greater involvement of male youth in abstinence campaigns in its Life Skills training. It will work largely with volunteers.

7. EMPHASIS AREAS

Major emphasis will be on community mobilization. Minor emphasis will be on information, education and communication. Through its partnership with FHOK, quality assurance and supportive supervision will be offered alongside training. Human resources is a minor emphasis as the project has a thin staff structure and relies heavily on the volunteer friends of youth to drive its implementation.

Continuing Activity: 7026

Related Activity: 14976, 14977

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20166	4218.20166. 09	HHS/Centers for Disease Control & Prevention	Population Council	8982	448.09		\$584,237
7026	4218.07	HHS/Centers for Disease Control & Prevention	Population Council	4275	448.07		\$250,000
4218	4218.06	HHS/Centers for Disease Control & Prevention	Population Council	3249	448.06		\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14976	6582.08	6992	448.08		Population Council	\$353,000
14977	8753.08	6992	448.08		Population Council	\$50,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	60,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	250	False

Indirect Targets

Target Populations	
General population	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Special populations	
Most at risk populations	
Street youth	
Other	
Refugees/Internally Displaced Persons	
Religious Leaders	
Teachers	

Coverage Areas

Central

Nairobi

Eastern

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 4917.08 Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 8731.08

Activity System ID: 14958

Mechanism: APHIA II - Central USG Agency: U.S. Agency for International Development Program Area: Abstinence and Be Faithful Programs Program Area Code: 02 Planned Funds: \$1,150,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP:

 \$200,000 of this activity supports the Youth Prevention Initiative programmed with funds from the \$7 million FY 08 plus up;

· Peer education activities will be rolled out with the Kenya Girl Guides Association;

• The target population has been expanded to include teachers at the worksite: \$45,000 in AB funds will go toward this activity complemented by allocations in OP and OHPS totaling \$300,000 to reach 1,200 teachers and train 40 more;

• In response to the Ministry of Education's request the KARHP methodology will be continued at the level of approximately \$225,000 targeting teachers and in-school youth; and

 \$150,000 will expand support in HIV prevention and supportive services to victims of gender-based violence in Nairobi and Central province through the Nairobi Womens Hospital and other facilities.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8976), Palliative Care: TB/HIV (#9072), and Prevention of Mother-to-Child Transmission (#8729).

2. ACTIVITY DESCRIPTION

\$200,000 of this activity supports the Youth Prevention Initiative programmed with funds from the \$7 million FY 08 plus up. In FY 2008, Pathfinder and its prevention partners, including PSI, will target 600,000 youth and adults with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful. Peer education, informal and formal worksite interventions, community outreach by PLWA, mobile VCT and life skills education for youth will all serve as a means through which messages will be conveyed. An in-school program for 10 to15 year olds will emphasize creation of support systems for students to focus on long-term goals, self-esteem and life skills. Emphasis will be on delayed sexual debut, and secondary abstinence will be encouraged for those youth who are already sexually active. APHIA II community-level partner capacity for undertaking prevention and behavior change activities will also be strengthened, so that messages can be conveyed widely through implementing partners undertaking home and community support activities as well. It is expected that 130,000 individuals will be reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful, while 500 persons will be trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful. Additional project partners to be trained in Other Behavior Change will also contribute to AB message dissemination. There will be a component of Prevention with Positives whereby the Project will work through PLWHA Support Groups linked to the Comprehensive Care Centres in Nairobi and Central Provinces. \$100,000 of plus-up will provide support to patient support groups and post-test clubs in VCT Centres to ensure abstinence by HIV-infected persons. This will empower 5 people in each of the 15 patient support groups to become peer and advocacy leaders in prevention at the community level and will reach 30,000 PLWAs. The PwP activity is additional to the narrative in the 2007 COP narrative for this prime partner. \$200,000 of plus-up funds will enable APHIA II Nairobi Central to expand their work with the Kenya Girl Guides Association by training 2,500 Girl Guides to reach 350,000 in-school youth with abstinence and being faithful messages. \$150,000 will expand support in HIV prevention and supportive services to victims of gender-based violence in Nairobi and Central province through the Nairobi Womens Hospital and other facilities. This activity will reach 20,000 youth. \$150,000 will be used to reach high risk out-of-school youth including street children with AB messages. This activity will reach 70,000 youth.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the overall 2007 Emergency Plan AB Prevention targets for Kenya. Integrating prevention into all community outreach for treatment and care, with special emphasis on men and youth, will significantly contribute to PEPFAR goals for primary prevention and the Kenya Five-Year strategy for HIV/AIDS.

4. LINKS TO OTHER ACTIVITIES

Support to AB Prevention will be one component of a package of integrated support at health facility and community levels in the region, holistically addressing HIV prevention, treatment and care. This activity relates to activities in Counseling and Testing (#8976), Palliative Care: TB/HIV (#9072), and PMTCT (#8729) through referrals and networking.

5. POPULATIONS BEING TARGETED

The activity targets youth with messages about abstinence and both adults and youth with messages advocating faithfulness to one partner. Special emphasis will be placed on reaching men through outreach by PLWAs and involvement of community leaders, by couples counseling in PMTCT and through worksite interventions. Implementing partner counterparts from NGOs, CBOs, FBOs and schools will be targeted for training to implement prevention programs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will be consistent with national strategies for HIV prevention promoting abstinence, delay of sexual debut including secondary abstinence, fidelity, partner reduction and related community and social norms.

7. EMPHASIS AREAS

There will be a major emphasis on capacity building of implementing partners, community-owned resource persons and other community level implementing partners. Community involvement in the design and implementation of activities will play an integral part in ensuring the success of these interventions.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8731

Related Activity: 14959

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20172	8731.20172. 09	U.S. Agency for International Development	Pathfinder International	8983	4917.09	APHIA II - Central	\$1,376,685
8731	8731.07	U.S. Agency for International Development	Pathfinder International	4917	4917.07	APHIA II - Central / Nairobi	\$850,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14959	8874.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$600,000

Emphasis Areas

Gender

- * Increasing women's legal rights
- * Reducing violence and coercion

Local Organization Capacity Building

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	600,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	3,000	False

Target Populations

General population	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Special populations	
Most at risk populations	
Street youth	
Other	
People Living with HIV / AIDS	

Coverage Areas

Central

Nairobi

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3465.08

Prime Partner: National AIDS & STD Control Program Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 4226.08

Activity System ID: 14931

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$210,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES This activity relates to activities in Counseling and Testing (#7009), Prevention of Mother-to-Child Transmission (#7006), Palliative Care: Basic Health Care and Support (#7005), Palliative Care: TB/HIV (#7001), Condoms and Other Prevention (#7008), HIV/AIDS Treatment: ARV Services (#7004) and Strategic Information (#7002).

2. ACTIVITY DESCRIPTION

The Kenya National AIDS and STI Control Program (NASCOP) will support, supervise and monitor abstinence and faithfulness programs targeting youth in Kenya. It will also take the lead in developing policies and guidelines as needed. NASCOP will continue to strengthen a coordination mechanism for youth HIV prevention in Kenya. It will continue to explore feasible avenues of strengthening HIV prevention programs such as the integration of alcohol prevention efforts with HIV prevention work. NASCOP will coordinate the development and distribution of print materials as needed in support of abstinence and faithfulness programs for youth as well as youth-friendly services. NASCOP will also partner with the Kenya Medical Training college (KMTC) to help develop in-service training guidelines to KMTC trainees on broad behavioral prevention issues for youth and the provision of youth-friendly services. This element will be in response to the need identified in 2005 by the Kenya Service Provision Assessment (KESPA) which pointed to huge gaps in the provision of youth friendly services. This training will help sensitize health workers on the need to offer appropriate information and counseling to young people to help them adopt healthy behavior and safer sexual practices. These will contribute to improved HIV preventive behaviors among young people, changed social and community norms to promote HIV preventive behaviors among youth and young adults as well as reduced HIV/AIDS stigma and discrimination. NASCOP will play a key role in ensuring that epidemiological data is captured, analyzed and presented for use in implementation of prevention programs. NASCOP was established within the Ministry of Health (MOH) to conduct surveillance, develop policies and coordinate activities in HIV/AIDS prevention, care and treatment. It will also provide essential linkages that will ensure young people have improved access to related HIV services including youth-friendly counseling and testing, palliative care, care and treatment among others. Since 2001, the USG has been a major supporter of operational activities of NASCOP through a cooperative agreement with CDC that has resulted in the development of VCT, PMCT, ARV, TB-HIV care, HIV testing in clinical settings and other policies; improved support supervision and field coordination with provincial, district and local facilities; and improved surveillance, monitoring and evaluation. This has resulted in increased capacity for the MOH that serves as a platform for the services necessary to reach Emergency Plan targets.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute towards the achievement of the Emergency Plan prevention targets in AB. It will promote the ability of implementing partners to reach their varied emergency plan targets for the year and will guide the implementation of targeted interventions for greater efficacy in behavior change. This activity also includes the training of 300 individuals in the promotion of HIV/AIDS prevention messages through abstinence and/or being faithful.

4. LINKS TO OTHER ACTIVITIES

This project will establish essential linkages with other NASCOP coordinated national programs including CT activity (#7009), PMCT activity (#7006), ARV services activity (#7004), Palliative Care: Basic Health Care and Support activity (#7005), TB/HIV (#7001), OP (#7008) and strategic information activity (#7002). NASCOP will build on its involvement with the faith-based and non-governmental sectors in Kenya and ensure that abstinence messages for youth are integrated with other services and that a supportive adult environment is cultivated.

5. POPULATIONS BEING TARGETED

The activities implemented by NASCOP in this area will target men and women as well as children and youth to be served through the guidelines. National AIDS Control staff and other MOH staff such as the Kenya Medical Training college staff as well as various cadres of public health care workers will be targeted.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The primary legislative issue addressed in this project is increasing gender equity in HIV/AIDS programs and reducing stigma and discrimination.

7. EMPHASIS AREAS

This activity includes major emphasis on quality assurance, quality improvement and supportive supervision. It will also result in the development of guidelines for health workers on working with youth. Information, Education and communication materials will be developed and distributed to service providers. Linkages and networks for youth programs to health care services will be established and guidelines on training will be developed.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7007

Related Activity: 14930, 14933, 14934, 14935, 14936, 14937, 14939

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20218	4226.20218. 09	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	8994	3465.09		\$163,716
7007	4226.07	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	4266	3465.07		\$200,000
4226	4226.06	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	3465	3465.06		\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14930	4225.08	6981	3465.08		National AIDS & STD Control Program	\$550,000
14933	4228.08	6981	3465.08		National AIDS & STD Control Program	\$90,000
14934	4224.08	6981	3465.08		National AIDS & STD Control Program	\$500,000
14935	4126.08	6981	3465.08		National AIDS & STD Control Program	\$1,075,000
14936	4787.08	6981	3465.08		National AIDS & STD Control Program	\$700,000
14937	4223.08	6981	3465.08		National AIDS & STD Control Program	\$1,600,000
14939	4221.08	6981	3465.08		National AIDS & STD Control Program	\$2,000,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	300	False

Indirect Targets

General population	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	

ble 3.3.02: Activities by Funding Mechansim

Mechanism ID: 238.08 Prime Partner: Live With Hope Centre Funding Source: GHCS (State)

Budget Code: HVAB Activity ID: 4919.08

Activity System ID: 14915

Mechanism: N/A USG Agency: Department of Defense Program Area: Abstinence and Be Faithful Programs Program Area Code: 02 Planned Funds: \$120,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

- The introduction of two new interventions in the AB portfolio:
- > Magnet Theatre which promotes community behavior change
- > Family Matters! which focuses on the family unit as the nucleus to HIV prevention.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6979) and (#6968).

2. ACTIVITY DESCRIPTION

The Live with Hope Center (LWHC) is a faith-based organization that has been serving the HIV/AIDS needs of the urban areas of Kericho and its surrounding rural population since 2000. The LWHC has been offering comprehensive HIV services from prevention activities to support and care. LWHC works in a semi-urban setting in a congested living area of Kericho where informal data of age at first sex is estimated to be around 15 for boys and slightly younger for girls in the area. In FY 2006, LWHC exceeded their targets of reaching 20,000 individuals through their prevention programs that promote abstinence and/or being faithful. Through their close working relationship with the Ministry of Education, LWHC has been successful in reaching over 200 schools in the area with their abstinence/be faithful messages since 2004. They have also created sustainable programs in the schools through the establishment and maintenance of schoolbased health clubs that promote healthy living among the student population with a special focus on the primary schools which serve students under the age of 14. In FY 2008, the LWHC plans to continue working with the schools in Kericho by bringing the abstinence based curriculum of Creating Positive Relationships (CPR) to those students in Standards six through eight in 20 additional schools by training teachers and students in the program, therefore reaching 10,000 students with prevention messages. LWHC will also continue utilizing health clubs as an initial entry point into the local secondary schools to train peer educators in the Education for Life program that has been used in training older youth in life skills. The secondary school health club program will be extended to reach over 5,000 more students in FY08. LWHC, in FY 2008, will also extend its AB initiative to the adult population in the larger community by offering Parent-Child Education programs that emphasize being faithful messages as well as reaching 10,000 parents to support their children in behavior change. In addition, LWHC will begin a Men as Partners program for the adult men in the community that focuses on building relationship skills that emphasize fidelity and family values. This program will reach an additional 5,000 individuals. LWHC AB program in FY08 will reach a sum of 30,000 individuals through their different HIV prevention interventions. In FY 2008, LWHC met their training targets of 200 individuals to promote HIV/AIDS prevention through abstinence and/or being faithful by focusing on training peer educators in life skills as well as training local community leaders in parenting skills that supported children in life skills as well as identified teachers in the local teachers college in comprehensive HIV/AIDS prevention curriculum. The HIV-positive support group will continue to be the nucleus of the AB program by utilizing HIV-positive adults and their testimonies as the primary tool for mobilization of individuals into LWHC's AB program.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Together with the Ministry of Education, the LWHC has concentrated on primary and secondary schools in the Kericho district in creating AB programs as well as behavior change through the establishment of school -based health clubs. This initiative will contribute to the overall national AB program that is focusing on students in the Kenyan school system. The LWHC's AB program in FY 2008 will also continue its training efforts in the Kericho Teacher Training College which is in accordance with the national Emergency Plan agenda to train teachers in implementing an HIV/AIDS prevention-based curriculum in the milieu of the school environment.

4. LINKS TO OTHER ACTIVITIES

LWHC's AB program is linked with community mobilization and awareness campaigns that advertise Live with Hope's stand-alone counseling and testing site (#6979) as well as other KEMRI South Rift Valley VCT sites (#6968). By doing so, LWHC uses VCT as another viable option in behavior change.

5. POPULATIONS BEING TARGETED

LWHC will target specific populations that will benefit from the AB program. This includes the children in primary schools as the main recipients of the program as well as adults in the community that will also be targeted this year with the same prevention messages. The adult initiative will bring the HIV education/prevention curriculum to community groups and religious organizations that exist in the area. In general, the AB program under the LWHC will also reach the general population of both adults and children/youth through their education program. LWHC AB program will also continue to reach university students in the teachers college in the AB program. As a community-based group which has as its primary support the local church, LWHC works with both community and faith- based leaders in the implementation of the AB program.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The AB program under the LWHC will focus on Kenyan girls at the primary level in an attempt at early intervention to empower the young girl to make smart decisions related to sexuality and reproductive health. The education program will use peer education and behavior change messages that challenge gender norms and behaviors to help protect youth from HIV infection. The LWHC HIV education program also provides opportunities for individuals in the support group and home-based care program to publicly discuss their HIV status and promote the eradication of stigma and discrimination that still inhibits many Kenyans from learning their status and seeking support.

7. EMPHASIS AREAS

The major emphasis area in FY 2008 is community mobilization and participation, encouraging optimal participation from the local community in the development and active participation in programs that emphasize abstinence and being faithful. Minor areas are training and workshops for teachers, youth, and community groups.

New/Continuing Activity: Continuing Activity

Continuing Activity: 6981

Related Activity: 16854, 14916, 14917

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20242	4919.20242. 09	Department of Defense	Live With Hope Centre	9000	238.09		\$135,715
6981	4919.07	Department of Defense	Live With Hope Centre	4256	238.07		\$100,000
4919	4919.06	Department of Defense	Live With Hope Centre	3209	238.06		\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16854	16854.08	6973	238.08		Live With Hope Centre	\$30,000
14916	4929.08	6973	238.08		Live With Hope Centre	\$300,000
14917	4114.08	6973	238.08		Live With Hope Centre	\$150,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	30,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	False

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Special populations
Most at risk populations
Street youth
Other
Orphans and vulnerable children
Civilian Populations (only if the activity is DOD)
Religious Leaders
Teachers

Coverage Areas

Rift Valley

Mechanism ID: 1244.08

Prime Partner: Kenya Medical Research Institute

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 5272.08

Activity System ID: 14893

Mechanism: Kenya Department of Defense

USG Agency: Department of Defense

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$175,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in Counseling and Testing (#6957) and Condoms and Other Prevention (#6962).

2. ACTIVITY DESCRIPTION

In FY 2007, Kenya Department of Defense (KDOD) trained 25 personnel as master trainers for the Men as Partners in Prevention program (MAPP): five from each barrack (Lanet Army Barracks, Eldoret Recruits Training College, Embakasi Garrison, Moi Air Base and Mtongwe Naval Base). The MAPP program focused on the recruits and young dependents of military personnel living in the camps. Using lessons learned from this experience, the KDOD intends to continue to expand on these activities in FY 2008. This activity aims at identifying young people early at the entry point of their military careers and targeting specific behaviors that are consistent with ensuring the prevention of HIV. This program has proven to be a success in building skills that protect the military personnel against HIV infection. In FY 2008, the program will also focus and address pervasive gender stereotypes and male behaviors that are relevant to uniformed personnel which continue to be risk factors for HIV transmission. Due to the wide distribution of KDOD personnel in remote areas of the country, the program will train 250 additional staff including 20 peer educators with the aim of strengthening the integration of the curriculum into regular KDOD training not only at the basic training stage following recruitment but also into the ongoing cadre course training of the KDOD program. In FY 2008, the KDOD AB activity will also focus on the dependents of the military personnel that are between the ages of 10 and 18 with the development of a peer education program which addresses issues of youth prevention and AB. In FY 2008, KDOD intends to promote greater command-level involvement in all aspects of HIV prevention in the military through seminars and workshops to enhance their ownership and participation in the prevention program. The major emphasis of the AB component of the program will contribute to the outcome of changed social norms to promote HIV prevention behaviors among youth who constitute a part of the population highly vulnerable to HIV infection. This will ensure that larger numbers are reached with HIV prevention efforts and adults become actively involved as supportive mentors for youth. A total 12,000 additional individuals in the KDOD community and its environs is expected to be reached with messages that promote HIV/AIDS prevention through abstinence and/or being faithful.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

AB activities within the KDOD program will contribute to FY 2008 prevention targets for Kenya, especially among young recruits who are entering the military. The activities will also focus on youthful dependents within the military community and young people living in the neighborhood of the military barracks in order to address the prevention needs of the whole military community.

4 LINKS TO OTHER ACTIVITIES

This activity is linked to KDOD counseling and testing (CT) activity (#6957) by promoting VCT services as a way of promoting secondary abstinence. This activity also links to the KDOD Condoms and Other Prevention activity (#6962) by offering comprehensive prevention messages for the military community.

5. POPULATIONS BEING TARGETED

This activity targets young adults, both men and women of reproductive age. It will have a special focus on the KDOD military personnel who, due to the nature of their duties, are vulnerable to HIV transmission. Particular emphasis will be placed on young military recruits and young dependants of military personnel residing inside the barracks as well as young people living in the neighborhood of the military barracks. Leaders within the KDOD will have their capacity strengthened to provide leadership in this area.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Through the skill building and behavior change that occurs as a part of the men as partners program, this activity will address male norms and behavior and reduction of violence and coercion as well as stigma and discrimination. The involvement of both male and female in AB activities will promote increased gender equity in HIV/AIDS Programs to ensure that women are not left out of these important prevention activities.

7. EMPHASIS AREAS

The major emphasis will be on training by the continuation of the MAPP program as well as the introduction of peer education for the youth that live within the military community. Minor emphasis areas include work place programs, information, education and communication and community youth mobilization/participation.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6966

Related Activity: 14894, 14895, 14897

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20587	5272.20587. 09	Department of Defense	Henry M. Jackson Foundation Medical Research International, Inc.	9086	1244.09	Kenya Department of Defense	\$75,000
6966	5272.07	Department of Defense	Kenya Medical Research Institute	4248	1244.07	Kenya Department of Defense	\$150,000
5272	5272.06	Department of Defense	Kenya Medical Research Institute	3262	1244.06	Kenya Department of Defense	\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14894	4254.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$75,000
14895	4252.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$100,000
14897	5099.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$150,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	12,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	250	False

Target Populations

General population	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Special populations	
Most at risk populations	
Military Populations	
Other	
Orphans and vulnerable children	
Civilian Populations (only if the activity is DOD)	
Religious Leaders	
Teachers	
Table 3.3.02: Activities by Funding Mechansim	
Mechanism ID: 323.08	Mechanism: N/A
Prime Partner: Kenya AIDS NGO Consortium	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB Activity ID: 5132.08 Activity System ID: 14872 Programs Program Area Code: 02 Planned Funds: \$437,500

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

• Other changes include: KANCO's RAY Project will initiate Helpline services to youth and include the integration of HYPE (Healthy Youth Programs Initiative) into their two main sites, Ongata Rongai and Mlolongo.

• FY07 PLUS-UP ADDITIONS: This plus-up will support an expansion of current activities as detailed in the 07 COP. The Kenya AIDS NGOS Consortium (KANCO) in collaboration with the Maendeleo Ya Wanawake organization currently implements activities targeting parents of youth served in the Ray Youth project. The Ray Project will now implement the Families Matter! intervention for parents in Mlolongo, Ongata-Rongai, Thika and selected locations in Embu and Kilifi (\$100,000). This intervention will be integrated within the larger prevention program and will enhance parent's skills in discussing HIV prevention with their young adolescents. An important element in this intervention will be providing a broader prevention framework that includes targeting parents with faithfulness messages and encouraging them to seek HIV counseling and testing services, as well as disclosure to support mutual faithfulness.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Condoms and Other Prevention (#6938) and Counseling and Testing (#8748).

2. ACTIVITY DESCRIPTION

The Kenya AIDS NGOs Consortium (KANCO) will continue providing abstinence and faithfulness education and life skills to 45,000 youth and young adults and train 200 people to deliver AB interventions. This will be achieved through working with a network model of six partners namely: Kibera Community Self Help Project, the National Organization of Peer Educators, Kenya Medical Association, Maendeleo ya Wanawake Association and Community Capacity Building Initiative who work collaboratively to implement the RAY (Responding to AIDS among youth) project. Each partner will continue implementing program elements in which they have specialized skills based on their best practice to provide comprehensive abstinence and faithfulness education to youth and young adults in three rapidly growing towns on the outskirts of Nairobi (Mlolongo, Ongata Rongai and Thika) and selected sites in Embu and Kilifi. The RAY project will strengthen the capacity of local groups to provide comprehensive AB education to youth in and out of schools and strengthen its monitoring and evaluation system. Age-appropriate and targeted information, education and communication materials will be developed and distributed through existing youth resource centers as well as through the education outreach program. The Be Faithful element of the AB program will be strengthened through specifically targeting young people in sexual partnerships as well as young married people to improve their risk perceptions and motivate them to adopt and sustain faithfulness to one partner. Update trainings will be conducted for peer educators who will undertake peer communication while strengthening participatory approaches that improve life skills for youth in adopting abstinence and faithfulness as a strategy for HIV prevention. The involvement of parents and adults in supporting abstinence and faithfulness for youth will be strengthened, through implementing the "Families Matter" intervention that has been shown to considerably improve parents' communication skills and helping them to openly discuss HIV issues with their youth. An important addition to this program will be incorporating alcohol and drug abuse risk reduction education to the AB education as an additional strategy to reduce HIV risk behavior. The RAY project will actively engage other local organizations that are a part of its consortium in delivering education and behavior change training for youth in schools within its target areas. It will also target orphans and vulnerable children by providing them with comprehensive AB education and life skills.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The RAY project will reach 45,000 youth in its various project sites; 200 peer counselors and youth will be trained in theatre skills particularly among the out of school youth population. Parents will participate in the Families Matter intervention to strengthen their communication skills to discuss HIV/AIDS issues with their youth. Linkages will be established with health providers to serve youth. There will be increased access to HIV behavior change information through its existing resource centers.

4. LINKS TO OTHER ACTIVITIES

RAY's AB activities relate to activities in KANCO OP activity (#6938), KANCO CT (#8748). Services will be integrated with existing community structures such as youth groups, faith communities and parents associations. Combined outreaches services to the communities such as mobile VCT will incorporate AB education outreach. The Kenya Medical Association will particularly develop linkages with health care providers to improve access to adolescent care and treatment services. 5. POPULATIONS BEING TARGETED This activity will target youth in school including primary, secondary and university students. It will also target men and women of reproductive age including parents with faithfulness education. It will also target parents and other supportive adults to motivate them towards providing a supportive adult environment and to help reinforce social norms that promote abstinence and faithfulness among youth and young adults. It will work with community leaders, program managers, religious leaders and volunteers. It will also work with organizations including community based organizations, NGOs and rural communities. All in-school programs will involve teachers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender equity in HIV/AIDS programs and will particularly enhance youth participation in its programs. It will address male norms and behaviors.

7. EMPHASIS AREAS

Major emphasis will be community mobilization/participation. Minor emphasis will be on development of network and referral systems particularly youth HIV care referral networks. Through its resource centers, KANCO will maintain a minor emphasis on strengthening Information, Education and Communication strategies and supporting its sub-recipients through quality assurance, quality improvement and supportive supervision and training. Human resources capacity-building is another emphasis with a modest number of staff employed on the project.

New/Continuing Activity: Continuing Activity

Continuing Activity: 6939

Related Activity: 14873, 14874

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20615	5132.20615. 09	HHS/Centers for Disease Control & Prevention	Kenya AIDS NGO Consortium	9092	323.09		\$284,200
6939	5132.07	HHS/Centers for Disease Control & Prevention	Kenya AIDS NGO Consortium	4245	323.07		\$300,000
5132	5132.06	HHS/Centers for Disease Control & Prevention	Kenya AIDS NGO Consortium	3227	323.06		\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14873	4153.08	6963	323.08		Kenya AIDS NGO Consortium	\$587,500
14874	8748.08	6963	323.08		Kenya AIDS NGO Consortium	\$200,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** Pre-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	45,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	False

Target Populations

General population	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Special populations	
Most at risk populations	
Street youth	
Most at risk populations	
Non-injecting Drug Users (includes alcohol use)	
Other	
Religious Leaders	
Teachers	
Coverage Areas	
Coverage Areas	

Central

Eastern

Nairobi

Funding Source: GHCS (State)

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Activity ID: 4089.08

Activity System ID: 14876

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

• In 2008, KEMRI will be rolling out door-to-door HIV counseling and testing and a comprehensive package of prevention, care and treatment services. This will provide an excellent opportunity to include AB prevention messages in a family setting. In particular, we plan to target couples reached with faithfulness messages, and abstinence messages to young people in families reached. We expect to train 1,500 individuals to promote these prevention messages and we will reach 250,000 individuals with AB messages.

Program Area Code: 02

Planned Funds: \$641,500

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6941), Condoms and Other Prevention (#6948), and Abstinence and Be Faithful Programs (#6903).

2. ACTIVITY DESCRIPTION

The Kenya Medical Research Institute (KEMRI), through its collaboration with CDC, will participate in a study of youth interventions conducted by the Institute of Tropical Medicine (ITM) in the Asembo and Gem areas of Nyanza Province, which has the highest HIV prevalence rates in the country. KEMRI and CDC have had a long collaboration in Nyanza Province, and KEMRI implements activities through a cooperative agreement with CDC Atlanta. Although some of the activities for this youth intervention are implemented by ITM, and are described in that entry, KEMRI is also actively involved in the study, primarily through the hiring of local staff and by supporting local implementation of the project. One of the major activities being conducted by KEMRI in partnership with ITM is the implementation of a "Families Matter" curriculum which involves both the youth and their parents. This is an adaptation of the US-based "Parents Matter" curriculum which CDC has evaluated in the US. To date, parents and community and religious leaders in Asembo and Gem are very supportive of this approach of enabling parents to take a more active role in HIV prevention for their adolescent children. Staff hired by KEMRI will be involved in the continued "roll-out" of this intervention. Efforts to change the social norms which contribute to the high risk for young girls in this part of Kenya are part of this intervention. The project has also found that the lack of skills and employment opportunities contributes to high-risk behavior among girls, so one aspect of the project is the provision of vocational skills and opportunities for income-generating activities for these youth. In the past, CDCprevention programs have been met with unexpected shortfalls in funding or supplies which require a rapid response such as supporting partner organizations to attend particularly important forums or providing essential prevention supplies. To provide a back up for this, up to \$50,000 is included in this narrative to enable KEMRI, in collaboration with CDC respond favorably to such needs.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This project will contribute to the Kenya Five-Year Strategy which focuses on HIV prevention in youth, as the primary target group is young people, including children aged 10 to 14. It will primarily provide staffing and other administrative support in the implementation of the ITM project; therefore the specific targets related to this activity are listed in the CDC-AB-ITM entry and are therefore not duplicated in this entry. Through the door-to-door counseling and testing activity, we expect to train 1,500 individuals to promote these prevention messages and we will reach 250,000 individuals with AB messages.

4. LINKS TO OTHER ACTIVITIES

This activity will be very closed linked to AB activity (#6903) implemented by the Institute of Tropical Medicine and to the KEMRI OP activity (#6948) and CT KEMRI activity (#6941) for Nyanza province. These activities serve as referral points for each other, and ITM staff provide technical assistance in the scientific adaptation of curricula that is largely implemented by KEMRI staff. Young people needing counseling and testing are served under the KEMRI CT activity.

5. POPULATIONS BEING TARGETED

The primary population being targeted is rural youth, including both in-school primary and secondary students and out-of-school youth. Ages of youth targeted range from 10 to the early twenties. Different, age appropriate curricula are used with these groups. In addition, their parents and community and religious leaders are targeted by the project including religious leaders and volunteers. All of the targets relating to this study of model youth interventions are described in the ITM entry and are not duplicated here.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This project will have a strong gender component, including increasing young women's access to income and productive resources and addressing male norms and behaviors.

7. EMPHASIS AREAS

The primary emphasis area is human resources, as the project has a large staff needed to implement and assess the impact of these interventions. Community mobilization to change social norms which encourage early sexual debut is also an important component of this project, along with IEC activities to educate the youth and their parents about abstinence and faithfulness.

New/Continuing Activity: Continuing Activity

Continuing Activity: 6943

Related Activity: 14833, 14877, 14880

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6943	4089.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	4246	210.07		\$220,000
4089	4089.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3201	210.06		\$75,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14833	4217.08	6954	443.08		Institute of Tropical Medicine	\$705,000
14877	4094.08	6964	210.08		Kenya Medical Research Institute	\$703,500
14880	4087.08	6964	210.08		Kenya Medical Research Institute	\$3,300,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's access to income and productive resources

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	250,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,500	False

Target Populations

General population			
Ages 10-14			
Boys			
Ages 10-14			
Girls			
Ages 15-24			
Men			
Ages 15-24			
Women			
Adults (25 and over)			
Men			
Adults (25 and over)			
Women			
Other			
Religious Leaders			

Coverage Areas

Nyanza

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	4914.08	Mechanism:	APHIA II - Eastern
Prime Partner:	JHPIEGO	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)	Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB	Program Area Code:	02
Activity ID:	8725.08	Planned Funds:	\$2,300,000
Activity System ID:	14862		

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

Geographic coverage has been expanded to include Kitui, Makueni, Mwingi and Tharaka districts;
 \$100,000 of this activity supports the Youth Prevention Initiative programmed with funds from the \$7 million FY 08 plus up;

AB funds totaling \$23,000 will contribute to the sensitization of teachers as a worksite population linking with additional OP and OHPS funds for a \$150,000 activity to reach 750 teachers and train 20 more;
The KARHP methodology will be rolled out in collaboration with the Ministry of Education at approximately \$250,000;

· Peer education activities will be rolled out with the Kenya Girl Guides Association;

• Communities surrounding Mlolongo along the Mombasa-Kampala transport corridor will be targeted with AB, OP, OVC and CT activities

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8782), HIV/AIDS Treatment: ARV Services (#8792), Orphans and Vulnerable Children (#9041), Condoms and Other Prevention (#8932), and Palliative Care: Basic Health Care and Support (#8863).

2. ACTIVITY DESCRIPTION

\$100,000 of this activity supports the Youth Prevention Initiative programmed with funds from the \$7 million FY 08 plus up. Although the Initiative will primarily be targeting urban areas, A2E will be able to implement related activities in the peri-urban areas of the province.

After a pilot project in two districts, in FY 2006 PATH and Population Council Frontiers project implemented the Kenya Adolescents Reproductive Health Project (KARHP) in Western province. Together with local staff of three Ministries: Health (MOH), Education (MOE), and Gender, Culture and Social Services (MOGCSS). PATH and Frontiers covered all the districts of the province. This methodology will be rolled out throughout the country in FY 2007-08. Although messages need to be tailored to specific target groups, all of them include reducing stigma associated with HIV/AIDS, the protective effects of abstinence and faithfulness to a partner of known HIV status, and the importance of knowing one's HIV status and taking appropriate action. These actions could include starting and adhering to ART if HIV-positive, and practicing healthy behaviors, including condom use when appropriate, regardless of serostatus. Providing appropriate messages and services to pre-adolescents and their families will also continue to be a priority. The grant-making process, including the formation of the technical review committee, establishing criteria, and identifying local partner capacity-building needs started in FY 2007, as did community entry activities to mobilize village health committees (VHCs). These serve as a link between the needs of communities and available services provided by existing health facilities and comprehensive care centers. In FY 2008, the process will be expanded to provide VHCs with ongoing training and support project-based animators. Communities will conduct health self-assessments and develop action plans, assisted by "quick-win" grants to operationalize the necessary structures and enlist widespread support. Health management committees will receive mentorship and training to introduce transparency into their programmatic and financial operations. Using the key messages already known and accepted by the community, outreach and health action days will be implemented as will appropriate activities to reach youth, such as the Youth Sports Initiative, to build life skills and disseminate HIV/AIDS information focusing on abstinence and being faithful. These sub-grantees will, depending on the focus of the organization, conduct mobilization activities to engage youth and their families in ways that will minimize their risk of engaging in unsafe behaviors, reduce stigma associated with HIV/AIDS, and encourage community members to access local services. Selected groups will be provided with both structured capacity-building support as well as reinforcement through mentorship. This ongoing relationship will include assisting sub-grantees to better access local services, to participate in community mobilization, and to share the results of their work with other local groups. To complement the sub-grants program, APHIA II Eastern will undertake advocacy with groups including religious leaders, elected officials and other opinion leaders. In FY 2008, the process will be expanded to reach a larger number of community members. Organizations that will be selected for grants will, as part of this training and the ongoing mentoring through supportive supervision that constitutes an essential program activity, be updated on national policy and international standards.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will reach 500,000 individuals, especially youth, with abstinence and being faithful messages. 2,500 hundred individuals will also be trained to promote HIV/AIDS prevention through abstinence and/or being faithful. This will greatly contribute to USG's 5-year strategy in support of Kenya's integrated HIV/AIDS programs, by developing strong networks at the community level for a sustained response. Activities will link sub-grantees to other groups undertaking age-appropriate community outreach activities that deliver prevention messages, involve them in youth sports initiatives, encourage them to participate in message development, and facilitate reaching them through community-based radio programs.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in counseling and testing (#8782), ART (#8792), OVC (#9041), OP (#8932), and home-based care services (#8863). Capacity development of partners currently engaged in community mobilization to support the needs of community members using key messages that conform to national priorities and strategies targeted to local conditions and specific target populations will be addressed.

5. POPULATIONS BEING TARGETED

This activity directly targets in-school youth and their parents to support increased positive communication. Secondary targets are groups that serve out-of-school youth, as these groups will be supported to better serve their constituencies using approaches and messages based on state-of-the-art knowledge and approaches. It also indirectly targets adults in the general population through its efforts to reduce the stigma surrounding HIV/AIDS and to promote gender equity. Strategies to improve the use of services will target policy makers, the general population, and Ministry of Health staff working as program managers in the DRH at provincial and district level, and local community leaders.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will reduce stigma associated with being affected by HIV/AIDS, increase gender equity in programming through the delivery of key messages and wrap around in education.

Activity Narrative:

7. EMPHASIS AREAS

Major emphasis is capacity building of local organizations and minor emphasis on information, education and communication and strategic information.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8725

Related Activity: 14863, 14867, 16333

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20603	8725.20603. 09	U.S. Agency for International Development	JHPIEGO	9088	4914.09	APHIA II - Eastern	\$1,973,225
8725	8725.07	U.S. Agency for International Development	JHPIEGO	4914	4914.07	APHIA II - Eastern	\$790,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14863	8932.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,200,000
14867	8782.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,200,000
16333	16333.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$100,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	500,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,500	False

Indirect Targets

Torget Deputations	
Target Populations	
General population	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Other	
Teachers	
Coverage Areas	
Eastern	
HMBL - Blood Safety	
Program Area:	Medical Transmission/Blood Safety
Budget Code:	HMBL
Program Area Code:	03
Total Planned Funding for Program Area	\$7,350,000

Estimated local PPP contribution in dollars

\$0

\$40,000

Program Area Context:

HMBL Program Narrative COP 2008

Key Result 1: Increase collection of blood units from low-risk volunteer donors by 20% from 150,000 in 2007 to 180,000 in 2008.

Key Result 2: Increase repeat donations from 10% to 30% of all volunteer donations.

Key Result 3: Increase the number of hospitals receiving more than 80% of their blood through the National Blood Transfusion Service (NBTS) from 162 in 2007 to 180 in 2008.

Key Result 4: Notify 80,000 blood donors of their HIV test results.

CURRENT PROGRAM CONTEXT

Fear of HIV and weakened health infrastructure caused a 50% drop in blood donation in Kenya between the 1980s and 1990s. A national survey in 1994 demonstrated a 2% risk of HIV transmission in all transfusions due to inadequate testing and poor quality control. Children with anemia from malaria and pregnant women receive 75% of all transfusions in Kenya. Inadequate safe blood supplies therefore also contribute to high maternal and infant morbidity and mortality.

Following the bombing of the US Embassy in Nairobi in 1998, USAID supported the GOK in establishing the NBTS, and constructing and equipping six Regional Blood Transfusion Centers (RBTC). USG assistance also contributed to (1) development and dissemination of Policy Guidelines on Blood Transfusion in Kenya, the National Strategy on Blood Donor Mobilization, Clinical Guidelines for Appropriate Use of Blood and Blood Products, and National Standards for Blood Transfusion Services; (2) provision of blood bags and blood testing supplies; and (3) training and supervision of staff, including in-country distance-learning for lab technologists in blood banking at the Kenya Medical Training College, training of six physicians in transfusion medicine at Emory University, and in-service training and supervision for over 200 NBTS health care workers through the support of American Association of Blood Banks (AABB).

STATISTICS

The NBTS collaborates with the Kenya Red Cross Society (KRCS), Bloodlink Foundation, and Hope Worldwide to mobilize volunteer blood donors from among high school and college students, community and faith based organizations, and adults in workplaces. These organizations have trained blood donor recruiters who mobilize low-risk non-remunerated volunteer blood donors from all sectors of society. Low-risk volunteer blood donors recruited through the NBTS contributed 70% of the national blood supply.

All blood is screened for HIV, syphilis, hepatitis B, and hepatitis C. A decline in HIV prevalence among donors from about 6% in 2000 to less than 2% in 2006 has been achieved. Safe blood units collected increased from 22,000 in 2003 to 42,000 in 2004, 83,000 in 2005, and 117,000 in 2006. Units collected in 2006 compare to an estimated need of 250,000 units

SERVICES

New activities in 2008 will include the notification of at least 80,000 blood donors of their HIV test results, formalization of 60 blood donor youth clubs similar to "Club 25", and structured support for 20 hospital transfusion committees. Blood donor recruiters will be trained to deliver messages for HIV prevention to over 600,000 potential blood donors during pre-donation health talks.

Blood safety receives limited support from government resources. Frequent staff transfers and overall staff shortages hamper quality improvements. Many hospitals still collect blood in emergencies from high-risk family members and testing of these units is not always optimal. Track 1 funding is enabling the NBTS to develop as an independently functioning unit within the Ministry of Health through improved infrastructure, communications, and management and staffing.

To confront many of these challenges, additional partnerships with community groups are being strengthened through KRCS and Hope Worldwide under the Track 1 cooperative agreement. Bloodlink Foundation will use public-private partnerships to identify low risk repeat donors in the workplace and foster public-private partnerships to increase the funding base for NBTS. The NBTS will also develop a business plan to ensure long-term sustainability of safe blood activities. Diversification of the donor base to include more out-of-school adults has resulted in an increase in HIV prevalence amongst donors, which will be addressed by review of donor selection criteria. Policy and plans to inform and counsel blood donors who are deferred are still being formulated. Procurement hurdles have been addressed by engaging Supply Chain Management Systems (SCMS) as a partner to NBTS.

WORK OF HOST GOVERNMENT AND OTHER IMPLEMENTING PARTNERS

While the Government of Kenya policy on blood transfusion has outlined the structure of the NBTS, legislative authority for it to become a semi-autonomous agency of the Ministry of Health has not yet been enacted. To address this challenge, the Permanent Secretary has been requested to appoint a Transfusion Service Advisory committee in the interim. Other donors contributing to a safe blood supply include the Japan International Cooperation Agency, which is supporting hospital transfusion practice at three hospitals in Rift Valley Province. The KRCS has supported the creation of a regional Blood Transfusion Center in Garissa. There is excellent donor coordination through a national committee chaired by the NBTS.

Program Area Downstream Targets:

3.1 Number of service outlets carrying out blood safety activities	180
3.2 Number of individuals trained in blood safety	345

Custom Targets:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 1457.08	Mechanism: N/A
Prime Partner: National Blood Transfusion Service, Kenya	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)	Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL	Program Area Code: 03
Activity ID: 4273.08	Planned Funds: \$3,000,000

Activity System ID: 14943

Activity Narrative: THIS IS AN ONGOING ACTIVITY.

The major changes to the program since approval in the 2007 COP are:

A prevention component has been integrated that is separately budgeted and described under HMBL activities through Community Housing Foundation, Hope Worldwide, TBD/Donor Notification and TBD/Club 25 and includes the following elements:

+ Messages for prevention of HIV through sexual abstinence and faithfulness to single partner will be given during blood donor mobilization. Up to 480,000 people will be reached by these messages.

+ At least 80,000 blood donors will be informed of their test results for HIV, hepatitis B and c and syphilis.
 + Hospital transfusion committees in 20 hospitals will be supported to meet regularly, institute appropriate blood use, and submit reports to the NBTS.

+ Youth clubs in 60 schools will be supported to foster positive life styles for HIV prevention and regular blood donation.

1. LIST OF RELATED ACTIVITIES

This activity relates to the prevention of medical transmission of HIV through mobilization of low-risk volunteer blood donors by the National blood Transfusion Service (NBTS) supported by Kenya Red Cross society (KRCS), Hope Worldwide Kenya, (HWWK) and Bloodlink Foundation (BLF), under the umbrella organization CHF. Internews will help promote voluntary blood donation by training radio and TV journalists. USAID APHIA II Health Communication and Marketing will develop IEC material for blood donor mobilization and appropriate blood use. Supply Chain Management Systems (SCMS) will procure equipment and reagents to facilitate centralized blood testing, preparation of blood components and maintenance of the blood storage cold chain.

2. ACTIVITY DESCRIPTION

This activity relates to reduction of medical transmission of HIV through blood transfusion by the provision of adequate supplies of safe blood to all health care facilities in Kenya. Fear of HIV/AIDS and weakened health infrastructure led to a 50% drop in blood donation in Kenya over the last 20 years. A national survey in 1994 demonstrated a 2% risk of HIV transmission in all transfusions due to inadequate testing and poor quality control. A study in 2001 found that 83% of blood was obtained from family replacement donors. Kenya is estimated to require 250,000 units of blood for transfusion. Currently only about 120,000 units are collected annually. The foregoing observations indicated that Kenya's blood supply was neither sufficient nor safe. Following the bombing of the US Embassy in Nairobi in 1998, USG supported the Kenya Government in developing a nationally coordinated blood program through establishment of the National Blood Transfusion Service (NBTS). USG assistance has contributed to development of Policy Guidelines on Blood Transfusion, National Strategy on Blood Donor Mobilization, Clinical Guidelines for Appropriate Use of Blood and Blood Products and National Standards for Blood Transfusion Services. While the government of Kenya policy on blood transfusion has outlined the structure of the NBTS, there is still a lack of legislative authority for it to become a semi-autonomous agency of the Ministry of Health. Blood safety receives limited financial support from government resources. In FY05 the NBTS received a PEPFAR grant to support the recruitment of volunteer blood donors, procurement of supplies and equipment for blood testing and processing and to support the training and supervision of staff. This facilitated invigoration of blood donor recruitment drives with a corollary increase in blood collections of over 100% between 2005 and 2006. The NBTS has procured equipment and hired additional staff including nurses, donor recruiters and data personnel, to support blood collection and processing. Contracts with sub partners (HWWK and KRCS) for donor mobilization have continued to operate smoothly. It is estimated that less than 0.5% of Kenyans are blood donors and that 70% of Kenya's blood supply is currently obtained from students. The World Health Organization (WHO) suggests that a country cannot be self- sufficient in blood unless about 2% of the population is donates blood regularly. This funding will expand the partnership between the NBTS and the sub-partners who will recruit for low-risk non-remunerated volunteer blood donors in work places, training institutions, out-of-school youth and among faith and community based organizations. FY07 funding will be used to scale up blood donor recruitment to increase blood collections by 40,000 units while reducing the prevalence of HIV to below 2%. Repeat donations will be increased by 20 %. This funding will be utilized to increase the number of health care facilities that obtain at least 80% of their blood supply from the NBTS from 162 in FY07 to 180 in FY08. Training in donor recruitment, data management, Quality Standards and blood processing will be organized nationally. Regional blood transfusion centres in collaboration with Africa society for Blood Transfusion- Kenya Chapter (AfSBT- K) will organize training for user hospitals in appropriate blood use. The national Blood transfusion Strategic plan and annual operational plan will be developed. Blood bank staff training at the Kenya Medical Training College will be supported. The curriculum for Higher Diploma in Blood Transfusion Services was recently revised with support from AABB. The distance-learning diploma course in blood banking will be discontinued. Y08 funding will enable two NBTS staff to acquire advanced education in Blood Bank Management and Quality Management Systems at institutions to be identified. As blood collections increased manual and semi-automated testing were identified as a bottlenecks within the blood bank. This was addressed in Y07 by increased automation and centralization of testing. Testing reagents will continue to be procured. This funding will also support contractual staff hired for the NBTS head office to facilitate administrative, financial and IT support as the final moves towards semi-autonomy are taken. It has been estimated that \$15 is required to collect and screen a single unit of blood. This excludes salaries and overheads. A business plan will be developed to ensure continuity and growth of the blood safety program in later years. Other donors contributing to a safe blood supply include the Japanese International Cooperation Agency (JICA), which has trained laboratory staff, conducted a national assessment of blood safety and improved laboratory infrastructure. There is excellent donor coordination through a national committee chaired by the NBTS.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity aims at collecting 180,000 units of blood from low-risk volunteer blood donors. This would meet the current blood consumption in the country and contribute to the prevention of 4,200 cases of HIV. At least 105 health care workers will be trained in blood safety.

4. LINKS TO OTHER ACTIVITIES

AABB (American Association of Blood Banks) (#6840) gives technical support to NBTS through provision of training in BDR, blood processing and banking preparation of policy guidelines, protocols for quality assurance schemes, standard operating procedures and blood bank management. Bloodlink Foundation mobilizes blood donors from corporate organizations to broaden the donor base and increase private-public partnership in Blood safety.

Activity Narrative:

5. POPULATIONS BEING TARGETED

NBTS: activities target health care workers within the NBTS who mobilize and recruit, blood donors, test and process blood, counsel donors and manage blood banks as well as health care workers in hospitals and nursing homes who prescribe blood and blood products, group and cross match blood and monitor transfusions. These activities will benefit the general population including people living with HIV/AIDS.

6. EMPHASIS AREAS COVERED

This activity includes major emphasis on HIV prevention through the provision of safe blood. There is minor emphasis on local organization capacity development (NBTS), procurement of specialized equipment, reagents and lab consumables to ensure safe blood under the PEPFAR program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7011

Related Activity: 14726, 14762, 14981, 14848, 16432, 15001

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20213	4273.20213. 09	HHS/Centers for Disease Control & Prevention	National Blood Transfusion Service, Kenya	8991	1457.09		\$3,000,000
7011	4273.07	HHS/Centers for Disease Control & Prevention	National Blood Transfusion Service, Kenya	4267	1457.07		\$3,000,000
4273	4273.06	HHS/Centers for Disease Control & Prevention	National Blood Transfusion Service, Kenya	3273	1457.06		\$2,000,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14848	8705.08	6957	353.08	TBD	Internews	\$150,000
14762	4862.08	6941	348.08		Community Housing Foundation	\$320,000
14726	4274.08	6923	1461.08		American Association of Blood Banks	\$500,000
16432	16432.08	7427	7427.08		Partnership for Supply Chain Management	\$1,000,000
15001	6446.08	7000	4061.08		Regional Procurement Support Office/Frankfurt	\$450,000
14981	8804.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$240,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Units of blood collected	140,000	False
Number of employees provided with blood donation information	20,000	False
3.1 Number of service outlets carrying out blood safety activities	180	False
3.2 Number of individuals trained in blood safety	105	False

Indirect Targets

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Special populations
Most at risk populations
Street youth

Prime Partner: Regional Procurement Support Office/Frankfurt

Funding Source: GHCS (State)

Budget Code: HMBL

Mechanism ID: 4061.08

Activity ID: 6446.08

Activity System ID: 15001

Activity Narrative: This activity requires early funding: \$200,000

Mechanism: N/A

USG Agency: Department of State / African Affairs Program Area: Medical Transmission/Blood Safety

Program Area Code: 03

Planned Funds: \$450,000

THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity links to all other activities in blood safety.

2. ACTIVITY DESCRIPTION

This activity relates to the prevention of HIV transmission through blood transfusion in health care settings through the establishment of a national office and central testing laboratory for the Kenya National Blood Transfusion Service (NBTS). The NBTS is comprised of six regional transfusion centres in Nairobi, Kisumu, Mombasa, Embu, Eldoret and Nakuru and six additional satellite centres that distribute blood to various hospitals in the country. Much progress has been made since year 2000 in the quality of testing for transfusion transmissible infections and in the recruitment of low risk blood donors. National policy recommends that the NBTS develop as a semi-autonomous body within the Ministry of Health so that these services can expand and respond to the national need. The Nairobi Regional Blood Transfusion Centre (RBTC) currently doubles up as the national headquarters of the NBTS, with the National NBTS Director also serving in the role of Director of the Nairobi regional centre. The NBTS needs both a full time director of the Nairobi RBTC and a National Director. Additional personnel are required to handle national coordination of donor recruitment, data management and reporting, and administration and procurement for the national program. The current Nairobi RBTC staff cannot take on these roles and also meet the RBTC function of recruiting sufficient donors to meet the high demand for safe blood in the environs of Nairobi. As a consequence, this is the only centre that cannot meet in totality the needs of any of the hospitals it serves. In addition, the NBTS has difficulty giving timely leadership and support to the RBTCs in matters of policy, training, collection, processing and distribution of safe blood without dedicated leadership. To circumvent this duplication of roles and increase efficiency, it is desirable to have staff dedicated to the national office. Following the PEPFAR proposal of FY04, funding was approved for the recruitment of staff for the national office. This will include a national blood donor recruiter, ICT manager, data manager, accountant, project manager, ICT technician and two each of data clerks and voucher examiners. The national office thus needs to house a minimum of 16 staff. It is proposed that offices be established for the national office through expansion of the Nairobi RBTC. Expansion will also create space for storage of national supplies and reagents and IEC materials prior to distribution to the regions. Additional personnel have been hired for national coordination of donor recruitment, administration, data management and coordination of the logistics supply system to link the regional centres and provide leadership for policy development. supervision, and coordination and respond to crises with shortages of blood. There is currently, however, inadequate office space to house these personnel. Over the last six years it has become evident that high quality blood testing can not be achieved with regional system. Centralized blood testing will help to ensure uniformity and maintenance of quality testing procedures. Blood samples will be received in the central laboratory through a courier service. Results will be relayed to the regional centers electronically. In the long term centralized testing will enhance the testing turn-around-time and cost efficiency of blood processing at the NBTS. Land immediately next to the Nairobi RBTC has been identified for expansion to meet these needs.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to prevention of HIV through blood transfusion. Kenya aims to collect 180,000 units of blood from low risk volunteer blood donors. All the blood will be tested at the central laboratory for HIV, hepatitis B, Hepatitis C and syphilis. This activity will facilitate quality testing, enhanced cost efficiency and a rapid turn-a-round time in provision of safe blood. Blood donors will be notified of their test results in a timely manner and given information to promote healthy positive living so that negative donors become regular repeat blood donors. HIV positive donors will be counseled and referred for evaluation care and treatment as appropriate. Blood components prepared will increase blood availability through appropriate use and also reduce the occurrence of adverse transfusion events. Appropriate blood use will minimize unnecessary transfusions which may expose healthy individuals to HIV infection. The World Health organization estimates that 10% of HIV may be attributed to transfusion with infected blood.

4. LINKS TO OTHER ACTIVITIES

This activity relates to all national blood safety activities including those implemented by NBTS, AABB, CHF, SCMS, Internews- Local voices and APHIA II H C&M.

5. POPULATIONS BEING TARGETED

This activity will benefit the general population by supporting the acquisition of blood free of HIV infection.

6. EMPHASIS AREAS

The major area of emphasis for this activity is infrastructure development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7032

Related Activity: 14943, 14726

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20082	6446.20082. 09	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	8960	4061.09		\$428,188
7032	6446.07	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	4280	4061.07		\$320,000
6446	6446.06	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	4061	4061.06		\$650,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14943	4273.08	6982	1457.08		National Blood Transfusion Service, Kenya	\$3,000,000
14726	4274.08	6923	1461.08		American Association of Blood Banks	\$500,000

Emphasis Areas

Construction/Renovation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Units of blood collected	N/A	True
Number of employees provided with blood donation information	N/A	True
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	N/A	True

Coverage Areas

Nairobi

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3588.08

Prime Partner: Population Services International Funding Source: GHCS (State)

Budget Code: HMBL

Activity ID: 8804.08

Activity System ID: 14981

Mechanism: APHIA II - Health Communication & Marketing USG Agency: U.S. Agency for International Development Program Area: Medical Transmission/Blood Safety Program Area Code: 03 Planned Funds: \$240,000 Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Being Faithful (#7052), Other Prevention (#7051), PMCT (#7050), and Counseling and Testing (#7049).

2. ACTIVITY DESCRIPTION

Health Communication and Marketing (HCM) is an integrated project, focused primarily (at least 75%) on HIV/AIDS prevention care and treatment in support of other PEPFAR activities in Kenya. The purpose of the HCM award is to improve health outcomes through increased prevention and other healthy behaviors. This will be done through marketing and communications activities within the health sector. This activity will also build the sustainability of local organizations to do this work. The objectives of this activity in the blood Safety program are i) Develop appropriate IEC packages for internal and external customers of the NBTS including blood donors, user hospitals and blood bank personnel. Blood donor mobilization material will be revised to incorporate messages for prevention of HIV through abstinence, faithfulness and where appropriate, condom use. ii) Build the capacity of local institution(s) in Kenya's commercial, nongovernmental, and/or faith-based sectors by working in collaboration with them to develop and manage a cost-effective marketing, sales, and distribution network that improves availability and access by key populations to products related to blood donor mobilization and appropriate blood use and develop the management and technical capacity of these organizations to manage and implement social marketing and communications programs. iii) Develop brand identity for the National Blood Transfusion service (NBTS). iv) Develop appropriate donor recognition materials. v) Increase altruistic regular blood donation among Kenyans. This activity will not provide any sub awards.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY07, in Blood safety, this partner will develop and disseminate communication messages/materials targeting the general population and promoting blood donation to save lives. It will also promote messages to encourage blood donors to join blood donor clubs. This activity will contribute indirectly to reduce HIV transmission through blood transfusion.

4. LINKS TO OTHER ACTIVITIES

The Health Communications and Marketing project is a national level activity that will enforce messages through mass media and interpersonal communication developed in collaboration with the National Blood Transfusion Services and regional blood transfusion centers. These projects will "feed into" the development of population-specific messages which will strengthen blood donation and utilization activities implemented on the ground.

5. POPULATIONS BEING TARGETED

Blood Safety messages will primarily focus on the general population, In- and out-of-school youth; youth of reproductive age and teachers.

6. KEY LEGISLATIVE ISSUES ADDRESSED Messages developed will address stigma and discrimination.

7. EMPHASIS AREAS

HCM is primarily a communications activity focusing on the development of information, education and communication. However, they will also mobilize communities through interpersonal communication, make linkages with other sectors for message development (e.g. CT, PMTCT), and train individuals in message development and communication.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8804

Related Activity: 14943, 14762, 14726

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20095	8804.20095. 09	U.S. Agency for International Development	Population Services International	8965	3588.09	APHIA II - Health Communication & Marketing	\$300,000
8804	8804.07	U.S. Agency for International Development	Population Services International	4289	3588.07	APHIA II - Health Communication & Marketing	\$350,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14943	4273.08	6982	1457.08		National Blood Transfusion Service, Kenya	\$3,000,000
14762	4862.08	6941	348.08		Community Housing Foundation	\$320,000
14726	4274.08	6923	1461.08		American Association of Blood Banks	\$500,000

Targets

Target	Target Value	Not Applicable
Units of blood collected	N/A	True
Number of employees provided with blood donation information	N/A	True
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	N/A	True

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 4076.08

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GHCS (State)

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Medical Transmission/Blood Safety Budget Code: HMBL

Activity ID: 12543.08

Program Area Code: 03

Planned Funds: \$0

Activity System ID: 15044

Activity Narrative: Updated August 2008 reprogramming.

THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. ACTIVITY DESCRIPTION

Thousands of lives are saved in Kenya each year through blood transfusion. Shortcomings in the way blood is tested for infectious agents such as HIV means that transfusion recipients are at risk of acquiring HIV. It is estimated that between 5% and 10% of all HIV infections worldwide have been acquired through transfusion of contaminated blood and blood products. A study in Kenya in 1994 found that 4% of transfusions transmitted HIV. If proper quality systems are put in place, such infections can be prevented. The National Blood Transfusion service collects about 160,000 blood units each year. These are tested using combined HIV1/HIV2 antigen and antibody detection test kits by ELISA methodology. The window period for this method is 16 days meaning that recently infected persons albeit infectious may fail to be detected and thus contaminate the blood supply. The proportion of persons in the window period can be significantly high in regions with high HIV prevalence. This activity will involve provision of quality assurance testing by NAT for routinely ELISA tested blood. Randomly selected samples from each of the regional transfusion centers will be pooled and tested. Feedback will be given to the centers so as to improve quality of testing and reduce transmission of HIV through transfusion. Corrective measures may require retraining of laboratory personnel and review of national policies for testing algorithms and testing methods in blood transfusion. The NBTS has recently started producing blood components so as to improve blood utilization. This activity will provide QA testing for the components ensuring that they are free of infectious agents and are of appropriate composition. Equipment will be procured to monitor the quality of blood and blood products including cell counts on platelet concentrates, haemoglobin estimation in packed cells and concentration of coagulation factors in cryoprecipitate.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

Ascertainment of quality testing for HIV in blood transfusion will play a key role in enhancing capacity of the NBTS and transfusing hospitals to support prevention of HIV/AIDS through blood transfusion.

3. LINKS TO OTHER ACTIVITIES

This activity relates to all HIV prevention activities but most specifically the blood Safety program. After donor selection blood testing is the most important step in ensuring safety of the blood supply.

4. POPULATIONS BEING TARGETED

This activity targets laboratory workers.

5. EMPHASIS AREAS

This activity will place major emphasis on technical training on Quality Assurance and quality control, new and appropriate technologies for ensuring blood safety. Minor emphasis areas will include procurement of specialized laboratory commodities and operationalization of laboratory QA schemes for transfusion transmissible infections.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12543

Related Activity: 14943, 14726

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12543	12543.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4306	4076.07		\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14943	4273.08	6982	1457.08		National Blood Transfusion Service, Kenya	\$3,000,000
14726	4274.08	6923	1461.08		American Association of Blood Banks	\$500,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	1501.08	Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention	USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP	Program Area:	Medical Transmission/Blood Safety
Budget Code:	HMBL	Program Area Code:	03
Activity ID:	4302.08	Planned Funds:	\$177,150
Activity System ID:	15050		
Activity Narrative:	THIS IS AN ONGOING ACTIVITY. THE NARF FUNDS ARE SPLIT BETWEEN GAP AND GH	RATIVE IS UNCHANGED, AI.	BUT THIS YEAR'S CDC M&S
	1. LIST OF RELATED ACTIVITIES This activity links to all other activities in blood	safety.	
HQ Technical Area:	2. ACTIVITY DESCRIPTION This activity relates to the prevention of HIV tra The National Blood Transfusion Service (NBTS safe and sufficient blood supplies for the count replacement donors at fragmented hospital-ba procedures. A national survey in 1994 estimate transfusions take place each year. This activity transfusion service for the establishment of go blood collection, processing, storage and use. National Blood transfusion service, Ministry of support supervision of transfusion activities in guidelines and data collection tools and the rev will involve travel to the six regional blood trans Embu and Mombasa and satellite centres in V blood safety related workshops, seminars and the various organizations that support blood do achieve synergy in meeting the blood collection Hope Worldwide, Africa Society for Blood transf given to the hospital transfusion committees. T Health committees that impact on blood transf Blood Safety Committee, Blood Safety Interag Committee and World Blood Donor's Day Corr international groups supporting blood safety ac banks (AABB), Internews and Community Hou	S) was established in the y ry. Previously blood was of sed transfusion units that ed that 2% of transfusions / will avail staff to give tecl als and objectives and bes This will be achieved thro Health, Kenya Red Cross blood banks and health fa- view and analysis of quart sfusion centres located in oi, Naivasha and Kericho conferences. These staff onor mobilization for the N n target. These organizati afusion (K) and Bloodlink I 'his activity also includes p usion policy and practices ency Committee, Laboratt mittee. The staff will addir trivities in Kenya such as t	year 2000 with the goal of ensuring obtained solely from family lacked a standardization of transmitted HIV. At least 130,000 hnical support to the national blood st practices in donor recruitment, ugh regular meetings with the Society and other stakeholders, cilities, preparation of procedural erly reports. Support supervision Kisumu, Eldoret, Nairobi, Nakuru, as well as international travel for will also liaise with and coordinate IBTS so as to avoid conflict and ons include: Kenya Red Cross, Foundation. Direct support will be participation in various Ministry of in the country. These include: ory Interagency Committee, HIV Lab tionally give in-country support to
HQ Technical Area:			

New/Continuing Activity: Continuing Activity

Continuing Activity: 7108

Related Activity: 14932, 14870

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19945	4302.19945. 09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8926	1501.09		\$118,078
7108	4302.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4303	1501.07		\$260,000
4302	4302.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3292	1501.06		\$190,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14870	6926.08	6961	1499.08	Making Medical Injections Safer	John Snow, Inc.	\$2,642,610
14932	7010.08	6981	3465.08		National AIDS & STD Control Program	\$120,000

Targets

Target	Target Value	Not Applicable
Units of blood collected	N/A	True
Number of employees provided with blood donation information	N/A	True
 Number of service outlets carrying out blood safety activities 	N/A	True
3.2 Number of individuals trained in blood safety	N/A	True

Indirect Targets

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 4924.08 Prime Partner: Partnership for Supply Chain Management Funding Source: GHCS (State)

Budget Code: HMBL

Activity ID: 16293.08

Activity System ID: 16293

Mechanism: N/A USG Agency: U.S. Agency for International Development Program Area: Medical Transmission/Blood Safety Program Area Code: 03 Planned Funds: \$720,000

Activity Narrative: 1. ACTIVITY DESCRIPTION

Supplies Chain Management System (SCMS) will support all of PEPFAR Kenya's service delivery activities through provision of an uninterrupted supply of HIV/AIDS- related commodities. Under Blood Safety SCMS will procure equipment necessary for safe storage of blood and blood products at hospitals. The National Blood transfusion service (NBTS) has recently trained personnel in several hospitals to form hospital transfusion committees which serve to enforce appropriate blood use. These committees will be guided by the recently released Standards for Transfusion services in Kenya and the Guidelines for Appropriate Blood Use. This activity will support the NBTS to procure multi point sealers, strippers, blood weighing scales and mixers, top pan balances, blood donor chairs, thermometers, transport boxes, coolants, refrigerated centrifuges, bench top centrifuges, platelet conductivity meters, hydrometers, rotators, platelet agitators, multipipettes and other equipment for the production of blood and blood products. To improve hospital transfusion practice SCMS will procure essential blood banking equipment such as platelet mixers, hospital blood bank fridges and freezers for storage of blood components.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to prevention of HIV through blood transfusion. Kenya aims to collect 140,000 units of blood from low risk volunteer blood donors. All the blood will be tested for HIV, hepatitis B, Hepatitis C and syphilis. This activity will facilitate blood component preparation through procurement of equipment. Components will increase blood availability through appropriate use and also reduce the occurrence of adverse transfusion events. Blood donors will be notified of their test results and given information to promote healthy positive living so that negative donors become regular repeat blood donors. HIV positive donors will be counseled and referred for evaluation care and treatment as appropriate. Appropriate blood use will minimize unnecessary transfusions which may expose healthy individuals to HIV infection. The World Health organization estimates that 10% of HIV may be attributed to transfusion with infected blood.

3. LINKS TO OTHER ACTIVITIES

This activity relates to all service delivery activities by SCMS which will enhance efficiency by maximizing on economies of scale achieved through mass procurements and timely delivery of commodities. This activity also links to Cooperative agreements with NBTS and American Association of Blood Banks (AABB) for the provision of safe and adequate blood supplies.

4. POPULATIONS BEING TARGETED

This activity will benefit the general population by supporting the acquisition of blood free of HIV infection.

5. EMPHASIS AREAS The major area of emphasis for this activity is commodity procurement.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14943, 14726

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14943	4273.08	6982	1457.08		National Blood Transfusion Service, Kenya	\$3,000,000
14726	4274.08	6923	1461.08		American Association of Blood Banks	\$500,000

Targets

Target	Target Value	Not Applicable
Units of blood collected	N/A	True
Number of employees provided with blood donation information	N/A	True
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	N/A	True

Mechanism ID: 375.08	Mechanism:	N/A
Prime Partner: Hope Worldwide	USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area:	Medical Transmission/Blood Safety
Budget Code: HMBL	Program Area Code:	03
Activity ID: 16291.08	Planned Funds:	\$20,000
Activity System ID: 16291		
Activity Narrative: This activitiy requires early funding: \$10,000		

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Blood Safety implemented by National Blood Transfusion Service (NBTS) (#) American Association of Blood Banks (AABB) (#), Internews (#), and HC&M (#).

2. ACTIVITY DESCRIPTION

Hope World Wide Kenya (HWWK) mobilizes voluntary non remunerated blood donors for the national Blood transfusion service from community and faith based organizations. Through this activity HWWK will disseminate messages for HIV prevention through health living, abstinence, faithfulness in sexual relationships and where appropriate condom use (ABC) to potential blood donors. Blood donor mobilizers (50) will be trained to deliver these messages to 100.000 potential blood donors aged 16 - 65 years. It is estimated that only one in four potential blood donors approached actually become blood donors. This implies that to obtain 120,000 blood units in 2006, about 480,000 persons may have heard a pre-donation talk. This activity aims to ensure that HIV prevention healthy living / ABC messages are given at all predonation talks through the development of appropriate messages and training of blood donor mobilizers in the use of ABC messages for HIV prevention. This will promote awareness of HIV prevention strategies even for persons who do not donate blood. HWWK is a longtime PEPFAR partner for implementation of Prevention, counseling and testing who has exhibited significant success in serving hard to reach populations through innovative approaches such as 'moonlight VCT'. HWWK will build on lessons learnt from the prevention and CT programs to implement HIV prevention amongst blood donors. This funding will be used to provide a standard combined package of donor mobilization and ABC messages for HIV prevention, training, improvement of community mobilization activities, and referral for counseling and testing whenever appropriate. This activity will expand existing blood safety programs by Hope Worldwide Kenya (HWWK) funded as a sub grant of the NBTS Track 1 cooperative agreement. This funding will also enable HWWK to pursue the "Celebrities for Blood Donation Campaign". The campaign draws in youthful blood donors through use of local celebrities.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The blood Safety program aims to increase its contribution towards averting new HIV/AIDS infections in Kenya. This will be achieved through delivery of ABC messages during mobilization of blood donors amongst high school students, out-of school youth and workers to encourage abstinence and secondary abstinence until marriage; increase faithfulness in monogamous relationships among both youth and the general population; promote HIV testing to encourage abstinence and fidelity. This activity will train 50 individuals to provide HIV/AIDS programs that promote abstinence and/or being faithful amongst blood donors. In addition 100,000 individuals will be reached with HIV/AIDS prevention/ blood mobilization programs that will promote abstinence and/or being faithful. These activities are consistent with the Kenya 5 -Year Strategy which focuses on HIV prevention.

4. LINKS TO OTHER ACTIVITIES

The ABC activities will be linked to other HIV prevention activities including VCT campaigns and youth HIV prevention programs implemented by HWWK. Volunteer blood donor mobilization promotes HIV prevention by minimizing transfusion-related HIV infections estimated by World Health Organization to be 10% of all HIV cases. All donors will be notified of their test results contributing to number of persons aware of their HIV status and living positively.

5. POPULATIONS BEING TARGETED

Community based organizations, Faith based organizations and out-of-school youth form the main populations that will be reached with ABC messages. Among the 15-24 year olds, the goal is to increase their knowledge on abstinence and secondary abstinence options and to reach them with messages about fidelity and expanded/strengthened "A" and "B" activities. In the younger adults the goal is to increase the practice of abstinence until marriage among unmarried youth and to decrease infidelity and other harmful behaviors among both youth and adults.

6. EMPHASIS AREAS

Major emphasis in this program is HIV prevention with a minor emphasis on training.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14943, 14762, 14726

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14943	4273.08	6982	1457.08		National Blood Transfusion Service, Kenya	\$3,000,000
14762	4862.08	6941	348.08		Community Housing Foundation	\$320,000
14726	4274.08	6923	1461.08		American Association of Blood Banks	\$500,000

Targets

Target	Target Value	Not Applicable
Units of blood collected	N/A	True
Number of employees provided with blood donation information	N/A	True
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	50	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Religious Leaders

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7427.08

Prime Partner: Partnership for Supply Chain Management Funding Source: Central GHCS (State)

Budget Code: HMBL

Activity ID: 16432.08

Activity System ID: 16432

Mechanism: N/A

USG Agency: U.S. Agency for International Development Program Area: Medical Transmission/Blood Safety Program Area Code: 03

Planned Funds: \$1,000,000

Activity Narrative: THIS ACTIVITY RECEIVED FUNDING LAST YEAR THROUGH THE NATIONAL BLOOD TRANSFUSION SERVICE (NBTS). IT IS ANTICIPATED THAT THE ACTIVITY MAY ALSO RECEIVE FUNDING IN FY 2008 THAT WILL BE REPROGRAMMED FROM NBTS.

1. ACTIVITY DESCRIPTION

The Partnership for Supply Chain Management System (SCMS) will support all of PEPFAR Kenya's service delivery activities through provision of an uninterrupted supply of HIV/AIDS- related commodities. Under Blood Safety SCMS will procure equipment and reagents necessary for safe storage of blood and blood products at hospitals. The National Blood transfusion service (NBTS) has recently centralized in Nairobi, the testing of all blood collected within its network of six regional transfusion blood banks located in Embu, Eldoret, Nakuru, Kisumu, Nairobi and Mombasa. Trained personnel in several hospitals have formed hospital transfusion committees which serve to enforce appropriate blood use. These committees will be guided by the recently released Standards for Transfusion services in Kenya and the Guidelines for Appropriate Blood Use. This activity will support the NBTS to procure reagents for blood testing and equipment for the production of blood and blood products. To improve hospital transfusion practice SCMS will procure essential blood banking equipment such as platelet mixers, hospital blood bank fridges and freezers for storage of blood components.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to prevention of HIV through blood transfusion. Kenya aims to collect 180,000 units of blood from low risk volunteer blood donors. All the blood will be tested for HIV, hepatitis B, Hepatitis C and syphilis. This activity will facilitate blood component preparation through procurement of equipment. Components will increase blood availability through appropriate use and also reduce the occurrence of adverse transfusion events. Blood donors will be notified of their test results and given information to promote healthy positive living so that negative donors become regular repeat blood donors. HIV positive donors will be counseled and referred for evaluation care and treatment as appropriate. Appropriate blood use will minimize unnecessary transfusions which may expose healthy individuals to HIV infection. The World Health organization estimates that 10% of HIV may be attributed to transfusion with infected blood.

3. LINKS TO OTHER ACTIVITIES

This activity relates to all service delivery activities by SCMS which will enhance efficiency by maximizing on economies of scale achieved through mass procurements and timely delivery of commodities. This activity also links to Cooperative agreements with NBTS and American Association of Blood Banks (AABB) for the provision of safe and adequate blood supplies.

4. POPULATIONS BEING TARGETED This activity will benefit the general population by supporting the acquisition of blood free of HIV infection.

5. EMPHASIS AREAS

The major area of emphasis for this activity is commodity procurement.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 348.08 Prime Partner: Community Housing Foundation Funding Source: GHCS (State) Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Medical Transmission/Blood Safety Budget Code: HMBL Activity ID: 4862.08 Activity System ID: 14762 Program Area Code: 03 Planned Funds: \$320,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS

This activity requires early funding: \$100,000

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Blood Safety implemented by National Blood Transfusion Service (NBTS) (#) American Association of Blood Banks (AABB) (#), Internews (#), and APHIA II HC&M (#).

2. ACTIVITY DESCRIPTION

Cooperative Housing Foundation (CHF) will build organizational capacity and provide sub grants to NGOs, FBOs, and CBOs, resulting in the dissemination of messages for HIV prevention through abstinence, faithfulness in sexual relationships and where appropriate condom use (ABC). Blood donor mobilizers will be trained to deliver "healthy life style/ donors love life and safe blood donation" messages to 480,000 potential blood donors aged 16 - 65 years. It is estimated that only one in four potential blood donors approached actually become blood donors. This implies that to obtain 120,000 blood units in 2006, about 480,000 persons may have heard a pre-donation talk. This activity aims to ensure that HIV prevention ABC and healthy living messages are given at all pre-donation talks through the development of appropriate messages and training of blood donor mobilizers in the use of ABC/ healthy living messages for HIV prevention. This will promote awareness of HIV prevention strategies even for persons who do not donate blood. 100 blood donor mobilizers will be trained and IEC material produced for this activity. The key activities of the primary partner will be to develop capacity of local organizations and provide supportive supervision. Funds granted through CHF to sub partners will be used to provide a standard package of ABC messages for HIV prevention, training, improvement of community mobilization activities, and referral for counseling and testing whenever appropriate. This activity will expand existing blood safety programs by (Bloodlink Foundation (BLF) add new sub partners Africa Society of Blood Transfusion, Kenya Chapter (AfSBT) and Kenya Red Cross Society (KRCS), and continue to place emphasis in HIV prevention through provision of safe blood. The primary implementing partner in this activity, CHF, has over 50 years of experience in building the capacity of local and indigenous organizations in numerous countries, and in providing sub-grants to local organizations. CHF has supported Bloodlink Foundation to mobilize blood donors in work places for the last three years with good results. Capacity building activities have included both strengthening of administrative operations (such as planning and accounting) and technical capacity (specific ability to implement blood donor work place mobilization programs). This activity includes support to the following sub-recipients for activities integral to the program: Bloodlink Foundation \$180,000; Kenya Red Cross Society \$40,000; Africa Society for Blood Transfusion \$100,000. This activity will enable KRCS and BLF under guidance from CHF to deliver abstinence, be faithful and condom use (ABC) messages for HIV prevention in blood donor mobilization settings. CHF already works with local organizations to strengthen implementation of their abstinence curriculum. Two of the sub partners are non governmental organizations that support the National Blood Transfusion Service (NBTS) in the mobilization of voluntary nonremunerated blood donors. Specifically, KRCS is mandated to mobilize blood donors from high schools and colleges, and BLF in work places. A new activity for BLF will be the acquisition of a mobile blood collection unit to facilitate blood donation sessions in work places. 25,000 employees will be educated about safer blood donation. AfSBT will work with NBTS and AABB to support and mentor 20 hospital transfusion committees (HTC) at eight provincial hospitals, two referral hospitals and ten high blood use district hospitals. Through advocacy with hospital management boards, HTC will be appointed, trained, and quarterly meetings facilitated for each of the 20 hospitals. The HTCs will serve to review number of transfusions and sources of blood, determine indications for transfusion, investigate transfusion reactions, benefits and outcomes, and monitor blood storage and administration conditions and review policies and procedures regularly. Additionally AfSBT will support NBTS and AABB in dissemination and monitoring of the implementation of the recently introduced National Standards on Blood Transfusion.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The blood Safety program aims to increase its contribution towards averting new HIV/AIDS infections in Kenya. This will be achieved through delivery of ABC messages during mobilization of blood donors amongst high school students, out-of school youth and workers to encourage abstinence and secondary abstinence until marriage; increase faithfulness in monogamous relationships among both youth and the general population; promote HIV testing to encourage abstinence and fidelity. This activity will train 100 individuals to provide HIV/AIDS programs that promote abstinence and/or being faithful. In addition 480,000 individuals will be reached with HIV/AIDS prevention/ blood mobilization programs that will promote abstinence and/or being faithful. BLF will mobilize blood donors in work places alleviating blood shortage in the school holiday months. BLF will further its activities of strengthening private public partnerships (PPP) to mobilize additional resources for the NBTS. Functional HTC will enhance appropriate blood utilization and minimize unnecessary transfusions. These activities are consistent with the Kenya 5-Year Strategy which focuses on HIV prevention. This partner has a key role in building capacity of local organizations so that these activities can be sustained over the long term.

4. LINKS TO OTHER ACTIVITIES

In addition to building the capacity of sub-grant recipients, an important aspect of CHF's activities is to support development of linkages between the organizations they support to implement a variety of HIV prevention and treatment activities. For example, linkages that have been established during capacity building trainings have led to improved referrals/linkages of patients. The ABC activities will be linked to other HIV prevention activities including VCT campaigns and volunteer blood donor mobilization for the prevention of HIV transmission through blood transfusions.

5. POPULATIONS BEING TARGETED

Training institutions such as schools, universities and colleges; CBOS, FBOs and work places form the main populations that will be reached with ABC messages. Among the 15-24 year olds, the goal is to increase their knowledge on abstinence and secondary abstinence options and to reach them with messages about fidelity and expanded/strengthened "A" and "B" activities. In the younger adults the goal is to increase the practice of abstinence until marriage among unmarried youth and to decrease infidelity and other harmful behaviors among both youth and adults. Among parents, teachers, community leaders, and leaders of corporates, the goal is to create a supportive environment for the practice of proven HIV prevention strategies. Health providers will be trained on appropriate blood use.

Activity Narrative: 6. EMPHASIS AREAS

Major emphasis in this program is local organization capacity development, training and equipping potential blood donors with relevant life skills for HIV prevention and supportive supervision.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6877

Related Activity: 14943, 14726

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6877	4862.07	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	4221	348.07		\$140,000
4862	4862.06	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	3233	348.06		\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14943	4273.08	6982	1457.08		National Blood Transfusion Service, Kenya	\$3,000,000
14726	4274.08	6923	1461.08		American Association of Blood Banks	\$500,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Estimated local PPP contribution in dollars

\$40,000

Targets

Target	Target Value	Not Applicable
Units of blood collected	N/A	True
Number of employees provided with blood donation information	N/A	True
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	60	False

Target Populations

General population
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Business Community

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	1461.08	Mechanism:	N/A
Prime Partner:	American Association of Blood Banks	USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Central GHCS (State)	Program Area:	Medical Transmission/Blood Safety
Budget Code:	HMBL	Program Area Code:	03
Activity ID:	4274.08	Planned Funds:	\$500,000
Activity System ID:	14726		

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITES

This activity relates to the National Blood Transfusion Service's blood safety activity (#7011).

2. ACTIVITY DESCRIPTION

This activity seeks to reduce medical transmission of HIV through technical support from the American Association of Blood Banks (AABB) to the National Blood Transfusion Service (NBTS) for the provision of adequate supplies of safe blood to all health care facilities in Kenya. Through twinning, AABB institutional partners will provide expert guidance and technical assistance to the NBTS resulting in better practices in donor recruitment, blood collection, laboratory quality assurance, blood bank management and transfusion practice. This support will include training, monitoring, guidance, oversight and mentoring through site visits and performance evaluation. This linkage will strengthen the national blood transfusion service and improve institutional capacity for effective program management. It will result in enhanced sustainability and safety of the blood supply. An AABB/NBTS evaluation of the NBTS, performed in FY 2005 provided information that together with follow-up discussions in FY 2006 and FY 07 will be used to develop an action plan for further activities in FY 2008. The AABB will also assist in the development of skills in NBTS and volunteer blood donor recruiters for identification and recruitment of potential low risk volunteer donors and their retention as regular donors. Findings of the KAP study performed in 2004 will also be used to support development of IEC materials for donor recruitment. Continuing education of health care workers in donor recruitment, blood banking and appropriate utilization of transfusion will be provided and systems for training strengthened through development of curricula for different cadre of health care professionals as well as the introduction of best practices and evidence-based approaches to transfusion practice in Kenya. In service training and continuing education will be delivered through workshops, symposiums, on-the-job training and mentoring. Standard operating procedures will be revised and staff trained on their utilization so as to institutionalize quality assurance in blood collection, processing, issuing and for monitoring of adverse events. Health care workers from 20 health care facilities will be trained on implementation of the recently completed National Standards for Transfusion services. Appropriate methods for donor notification will be developed in conjunction with NBTS. Reliable record keeping and data management systems will be designed to facilitate program evaluation and monitoring. Technical support will be given to 20 hospital transfusion committees. AABB will continue to guide the process of restructuring of laboratory space and procurement of supplies for centralized blood testing in Kenya. These efforts will contribute to the PEPFAR goal of improving safety and adequacy of the blood supply and in this way avert new cases of HIV infection.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

At least 100 health care workers will be trained in blood safety. This activity aims to reduce transmission of HIV through blood transfusion. At the current blood consumption rate in the country this would contribute to the prevention of 4,000 cases of HIV.

4. LINKS TO OTHER ACTIVITIES

This activity relates to NBTS's blood safety program/Track 1 cooperative agreement (#7011).

5. POPULATIONS BEING TARGETED

The activity targets blood bank staff and health care workers in transfusing health facilities.

6. EMPHASIS AREAS COVERED

This activity includes major emphasis on local organization capacity development (NBTS), for prevention of HIV transmission. An area of minor emphasis will be training of health care workers to enhance their ability to mobilize safe blood donors and process and use blood appropriately.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6840

Related Activity: 14943, 14981, 14848, 14762, 16432, 15001

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20353	4274.20353. 09	HHS/Centers for Disease Control & Prevention	American Association of Blood Banks	9040	1461.09		\$500,000
6840	4274.07	HHS/Centers for Disease Control & Prevention	American Association of Blood Banks	4202	1461.07		\$400,000
4274	4274.06	HHS/Centers for Disease Control & Prevention	American Association of Blood Banks	3274	1461.06		\$676,440

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14943	4273.08	6982	1457.08		National Blood Transfusion Service, Kenya	\$3,000,000
14848	8705.08	6957	353.08	TBD	Internews	\$150,000
14762	4862.08	6941	348.08		Community Housing Foundation	\$320,000
16432	16432.08	7427	7427.08		Partnership for Supply Chain Management	\$1,000,000
15001	6446.08	7000	4061.08		Regional Procurement Support Office/Frankfurt	\$450,000
14981	8804.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$240,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Units of blood collected	N/A	True
Number of employees provided with blood donation information	N/A	True
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	100	False

Indirect Targets

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 353.08 Prime Partner: Internews Mechanism: TBD

USG Agency: U.S. Agency for International Development

Budget Code: HMBL

Activity ID: 8705.08

Activity System ID: 14848

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This INTERNEWS/Local Voices Blood safety activity relates to activities in HIV/AIDS Treatment services [INTERNEWS/Local Voices], OVC [INTERNEWS/Local Voices], and PMTCT [INTERNEWS/Local Voices], Counseling and Testing [INTERNEWS/Local Voices], and Policy Analysis and Systems Strengthening [INTERNEWS/Local Voices].

Program Area Code: 03

Planned Funds: \$150,000

2. ACTIVITY DESCRIPTION

Kenya has recently been facing a serious shortfall in safe blood to meet transfusion needs in the country. The number of blood units collected fell dramatically from 150,000 in the 1960s to 60,000 in the mid-nineties and then up to 100,000 at present (Republic of Kenya, 2002). The shrinking number of willing donors occurred simultaneously with an increasing demand for blood, and has been attributed to reluctance by donors to come forward and donate blood. Through a cooperative agreement between the Kenyan Ministry of Health and USAID, Family Health International conducted a nationwide survey in June 2004 of knowledge, attitudes and behavioural practices related to blood donation in Kenya with the intention of providing insights into ways of developing a more efficient blood donor recruitment and retention campaign. Carried out amongst 1175 selected respondents, the study found that although levels of awareness on blood donation are high; the quality of the information needed improvement. The main source of information for most respondents was from hospital staff with very little information being obtained from Regional Blood Transfusion Centers or the mass media. Among major hindrances to blood donation was the fear of being known to be HIV positive. Although media outreach is a critical component of donor mobilization efforts, traditionally, relations between blood services and the media have been limited to occasional press releases or paid advertisements which are expensive and difficult to evaluate. The study clearly suggested a larger role for media in any strategy aimed to educate the public to increase or improve blood donation in Kenya, as media can be a powerful force in raising awareness, building knowledge and influencing public opinion. With the background knowledge provided by the Kenyan Ministry of Health report, Internews will aim to improve access to information on blood safety with existing and potential blood donors by training journalists to increase the frequency and quality of stories on blood safety issues. Under the Local Voices program, 4 senior radio journalists, 4 senior TV journalists and 4 camera people will be trained resulting in 4 news features on radio and TV on safe blood as well as 4 shorter features. In addition, a workshop will be held for 10 safe blood NGOs, including the Kenya Red Cross, Hope Worldwide and Bloodlink Foundation as well as service providers, hospitals and government bodies on effective media relations. This NGO training will result in at least 10 blood transfusion stories being aired or published as a result of a media conference that will be held on the last day. Two afternoon roundtables on safe blood issues will also be held for journalists and NGOs. The training program will be supported by on-going mentorship and follow-up, as well as 4 travel grants for TV that will result in at least 8 additional TV features on blood safety being aired.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Improving the media's coverage of blood safety will help the Government of Kenya reach its goal of increasing the size of the volunteer blood donor pool by 40% a year (i.e., to 180,000 donations/year by the end of 2008). Moreover, through a successful partnership with the media, the Kenya National Blood Transfusion Service will be able to recruit more volunteer, non-remunerated blood donors and be able to reduce its donor mobilization budget. Lower costs will contribute to the overall financial sustainability of the blood supply in Kenya. Internews blood safety activities country wide will significantly contribute to PEPFAR's goals for both primary prevention and care by reaching about 4.5 million people. Planned activities will raise awareness to increase blood donations.

4. LINKS TO OTHER ACTIVITIES

This INTERNEWS/Local Voices Blood safety activity relates to activities in HIV/AIDS Treatment services [INTERNEWS/Local Voices], OVC [INTERNEWS/Local Voices], and PMTCT [INTERNEWS/Local Voices], Counseling and Testing [INTERNEWS/Local Voices], and Policy Analysis and Systems Strengthening [INTERNEWS/Local Voices]. The blood safety activities of the Internews project country wide relate to CT, as it will incorporate information on the need to get tested for HIV.

5. POPULATIONS BEING TARGETED

This activity targets the general population both male and female. This activity targets existing and potential blood donors in Kenya. Moreover, as most existing blood donors have been young males, it is hoped that these activities will encourage more women to donate.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will improve access to information, to better enable Kenyans in their decision-making on blood donation.

7. EMPHASIS AREAS

This activity includes a major emphasis on training and capacity building.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8705

Related Activity: 14943, 14762, 14726

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20527	8705.20527. 09	U.S. Agency for International Development	Internews	9077	353.09	Voices in Health	\$150,000
8705	8705.07	U.S. Agency for International Development	Internews	4236	353.07	Local Voices	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14943	4273.08	6982	1457.08		National Blood Transfusion Service, Kenya	\$3,000,000
14762	4862.08	6941	348.08		Community Housing Foundation	\$320,000
14726	4274.08	6923	1461.08		American Association of Blood Banks	\$500,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Units of blood collected	N/A	True
Number of employees provided with blood donation information	N/A	True
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	10	False

Mechanism ID: 4076.08 Mechanism: N/A Prime Partner: US Centers for Disease USG Agency: HHS/Centers for Disease Control and Prevention **Control & Prevention** Funding Source: GHCS (State) Program Area: Medical Transmission/Blood Safety Budget Code: HMBL Program Area Code: 03 Activity ID: 17995.08 Planned Funds: \$127,850 Activity System ID: 17995 Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED, BUT THIS YEAR'S CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHAI. 1. LIST OF RELATED ACTIVITIES This activity links to all other activities in blood safety. 2. ACTIVITY DESCRIPTION This activity relates to the prevention of HIV transmission through blood transfusion in health care settings. The National Blood Transfusion Service (NBTS) was established in the year 2000 with the goal of ensuring safe and sufficient blood supplies for the country. Previously blood was obtained solely from family replacement donors at fragmented hospital-based transfusion units that lacked a standardization of procedures. A national survey in 1994 estimated that 2% of transfusions transmitted HIV. At least 130,000 transfusions take place each year. This activity will avail staff to give technical support to the national blood transfusion service for the establishment of goals and objectives and best practices in donor recruitment, blood collection, processing, storage and use. This will be achieved through regular meetings with the National Blood transfusion service, Ministry of Health, Kenya Red Cross Society and other stakeholders, support supervision of transfusion activities in blood banks and health facilities, preparation of procedural guidelines and data collection tools and the review and analysis of quarterly reports. Support supervision will involve travel to the six regional blood transfusion centres located in Kisumu, Eldoret, Nairobi, Nakuru, Embu and Mombasa and satellite centres in Voi. Naivasha and Kericho as well as international travel for blood safety related workshops, seminars and conferences. These staff will also liaise with and coordinate the various organizations that support blood donor mobilization for the NBTS so as to avoid conflict and achieve synergy in meeting the blood collection target. These organizations include: Kenya Red Cross, Hope Worldwide, Africa Society for Blood transfusion (K) and Bloodlink Foundation. Direct support will be given to the hospital transfusion committees. This activity also includes participation in various Ministry of Health committees that impact on blood transfusion policy and practices in the country. These include: Blood Safety Committee, Blood Safety Interagency Committee, Laboratory Interagency Committee, HIV Lab Committee and World Blood Donor's Day Committee. The staff will additionally give in-country support to international groups supporting blood safety activities in Kenya such as the American Association of Blood banks (AABB), Internews and Community Housing Foundation (CHF). **HQ** Technical Area: New/Continuing Activity: New Activity **Continuing Activity:**

Related Activity:

HMIN - Injection Safety	
Program Area:	Medical Transmission/Injection Safety
Budget Code:	HMIN
Program Area Code:	04

Total Planned Funding for Program Area: \$3,157,610

Program Area Context:

HMIN Program Narrative COP 2008

Key Result 1: Scale up injection safety initiatives to all provinces of Kenya.

Key Result 2: Support use of sharps disposal containers and appropriate medical waste management at all health facilities to reduce needle stick injuries.

Key Result 3: Develop and disseminate injection safety messages to health workers and communities that improve injection practices and reduce inappropriate demand for injections.

CURRENT PROGRAM CONTEXT AND STATISTICS

A study conducted in Kenya by the World Health Organization and the Expanded Program for Immunization (EPI) in 2003 revealed that medical transmission of HIV and other blood borne infections occurs through unsafe medical injections (frequently resulting from unnecessary therapeutic injections), use of non-sterile injection equipment, needle stick injuries, and poor disposal of used needles and other medical waste. Inappropriate injection use arises from both client demand and prescriber preference. Additionally, essential drug kits supplied by the Kenya Ministry of Health (MOH) include significant parenteral drugs without a commensurate supply of injection equipment. This failure to systematically provide sufficient injection equipment supplies was identified as a key contributor to re-use of syringes and needles. A majority of health care facilities also reported stock-outs of disposable injection supplies that year, a situation that favored re-use of injection devices. The study also found that over 70% of respondents received an average of 1.5 injections per year. Needle stick injuries within the previous six months were reported by 58% of health care workers. These findings support those of an earlier study by the University of Nairobi among 214 nurses in Nairobi, with 61% reporting needle stick injuries over a three-month period. Needle re-capping accounted for 46% of the injuries while 12% occurred in the process of sharps disposal.

SERVICES

Basic approaches being employed to achieve national safe injection practices include: development, dissemination and implementation of national policies on injection safety and post exposure prophylaxis; training of health workers on safe injection practices; proper use of auto-disable or protective injection devices; improved and more consistently applied infection control and medical waste disposal procedures; advocacy to decrease demand for injections; improved logistics management to eliminate stock out of injection devices; strengthening of facility-level infection prevention committees for monitoring and supervision; and provision of sharps containers for appropriate waste management. Advocacy with the government aims to secure the required budget for adequate injection/infusion supplies and review of both the essential drug list and relevant treatment guidelines. To achieve sustainability, local training institutions, including the Kenya Medical Training College and medical universities are assisted by JSI-MMIS and JHPIEGO to review teaching curricula to include safe injection practices.

The original Track 1 award to John Snow Inc. led to the creation of a National Injection Safety Committee with membership from senior MOH personnel and non-governmental organizations. A national policy on Injection Safety and Medical Waste Management as well as Standards and Guidelines for Safe Injection Practice have been recently published. Health workers in six out of seven provincial hospitals have had training on safe injection practices. These activities have also been extended to cover all health facilities in four (Nyanza, Western, Central, and Coast) out of eight provinces.

Roll out of the national policies and training health workers throughout the country will be undertaken with COP 2008 funding and help improve practices at over 1,000 health facilities in six provinces. Simple segregation of medical waste at these facilities will be a small investment to reduce injuries. While the procurement and use of auto-disable devices has improved, the cost of protective injection devices remains high and needle stick injuries due to re-capping remain common. A post-exposure policy will be developed. Linkages to the HIV counseling and testing program to encourage health workers to know their status, and to the ART program for delivery of post-exposure prophylaxis, will be strengthened to reduce HIV transmission in medical settings. Medical waste management – identified as a major weakness in achieving injection safety – will be emphasized through rehabilitation and securing of waste disposal sites. These sites will be fenced off, incinerators repaired, and all ash pits covered.

WORK OF HOST GOVERNMENT AND OTHER IMPLEMENTING PARTNERS

MOH syringe procurement in the 2006-07 budget included 50% auto-disable devices. The Kenya EPI program, with support from GAVI, has been the leader in injection safety, with 100% procurement of auto-disable, single use injection equipment, but this funding is declining in the next year; increased investment by Government of Kenya and other donors will be required.

OUTSTANDING CHALLENGES AND GAPS

The MOH strongly supports the injection safety initiative but lacks a system to monitor adherence to policies at facility level. These will be overcome through reactivation of Infection Control Committees at each facility. Track 1 funding is insufficient to achieve national coverage by 2009; as a result, and country-programmed funds have been increased. In addition, the intervention strategy will change from one of supplying 100% of injection devices to one of meeting stock gaps as advocacy for government to procure more supplies and rationalize injection use are also stepped up. Continuation of training will be addressed by institutionalizing safe injection practices in the curricula of medical training colleges.

Program Area Downstream Targets:

4.1 Number of individuals trained in medical injection safety

Mechanism ID: 4076.08

wechanishi iD.	4070.00		N/A
	US Centers for Disease Control and Prevention		HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	Program Area:	Medical Transmission/Injection Safety
Budget Code:	HMIN	Program Area Code:	04
Activity ID:	17997.08	Planned Funds:	\$204,850
Activity System ID:	17997		
Activity Narrativo:	THIS IS AN ONGOING ACTIVITY	THE NARRATIVE IS UNCHANGED	BUT THIS YEAR'S CDC M&S

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED, BUT THIS YEAR'S CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHAI.

A prevention component has been integrated that has a budget of less than \$10,000 and includes the following elements:

Mechanism: N/A

• Evaluation of HIV risk through sharps injuries in mortuary personnel (\$9,000). Mortuary staff have not been targeted in Injection Safety program activities, but it is now suspected that they are exposed to HIV infection due to an increasing trend of embalming bodies prior to burial. Embalming is performed by untrained mortuary attendants.

1. LIST OF RELATED ACTIVITIES

This activity relates to all other activities in injection safety.

2. ACTIVITY DESCRIPTION

This activity relates to the prevention of HIV transmission among health care workers, medical waste handlers and the community. These funding will enable HHS/CDC staff to give technical support to six implementers of injection safety initiatives in Kenya. This will involve joint planning meetings, review of guidelines, standards and training material and support supervision at intervention sites and at training workshops. These staff will participate in the MOH injection safety steering committee and the injection safety stakeholders meetings to influence policy decisions in this arena. Activities are currently being scaled up to achieve national coverage by 2008. Staff will be involved in frequent travel across the country and will attend international conferences for dissemination of latest findings. One staff will dedicate 100% of their time to this activity while another will commit 40% time. The world Health Organization (WHO) estimates of global burden of disease suggest that unsafe injections around the world account for 5% of HIV infections, 32% of hepatitis B virus infections and 40% of hepatitis C virus infections. A 2004 survey by JSI-MMIS in Kenya revealed that over 70% of respondents received an average of 1.5 injections per year. Needle stick injuries within the previous six months were reported by 58% of health care workers. These findings supported those of an earlier study by the University of Nairobi among 214 nurses in Nairobi, which reported 61% needle stick injuries in health care workers over a three-month period. Needle recapping accounted for 46% of the injuries while 12% occurred in the process of sharps disposal. A majority of health facilities surveyed reported having experienced a shortage of disposable injection supplies in the 12 months prior to the survey, particularly in the curative sector. This reflected a less than optimal logistics system for forecasting, procurement, distribution and stock monitoring that may contribute to re-use of injections. Analysis of the status of injection logistics in the country revealed that there was no data to support rational forecasting of injection requirements. Procurement was based on previous consumptions. Appropriate product selection was poor due to lack of national standards for injection devices, registered suppliers of injection equipment and an appropriate board to handle non-pharmaceutical equipment. Track 1 funds were awarded to JSI-MMIS in 2004 to implement injection safety activities in Kenya and other PEPFAR focus countries. The activity aims to:1) improve training of health workers and managers on safe injection practices, infection control and disposal procedures; 2) institute an advocacy strategy to decrease demand for injections by the population; 3) establish reliable estimates of re-use prevention injection device equipment requirements, minimum stock levels and effective supply and distribution systems for re-use prevention injection device equipment; 4) institute monitoring and supervision procedures to ensure adequate supplies at all levels and correct practices by health workers; 5) ensure safe disposal of used injection equipment through the progressive introduction of appropriate incinerators; 6) secure the required budget for injection safety and infection control including safe disposal of used equipment. To date safe injection practices have been implemented in three districts, five of eight provincial hospitals and one of three university teaching hospitals. In FY 2006 the Ministry of Health, through the National AIDS and STD Control Program, received country funds to facilitate development of policy documents and coordinate injection safety initiatives countrywide. In the FY07 COP, additional partners will include the University of Nairobi, Danya International and USAID APHIA II implementing partners.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Mechanism ID:	303.08	Mechanism:	Department of Obstetrics and Gynecology
Prime Partner:	University of Nairobi	USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	Program Area:	Medical Transmission/Injection Safety
Budget Code:	HMIN	Program Area Code:	04
Activity ID:	17827.08	Planned Funds:	\$60,000
Activity System ID:	17827		

Activity Narrative: PHE CONTINUING STUDY:

Project Title: An Assessment of Injection Practices in Kenya

Name of Local Co- Investigators: Dr. Mark D. Joshi and Dr. James Kiarie

Project Description:

The Clinical Epidemiology Unit; University of Nairobi will perform this evaluation consisting of a national survey based on collection of retrospective data on injection practices in formal and informal health care delivery points and facilities. Health care facility records will be reviewed, key informants interviewed and community focus group discussions conducted to assess attitudes, practices and adverse events related to injections. Direct and indirect costs of therapeutic management via various routes of administration will be determined. Reports generated through qualitative and quantitative data analysis will be disseminated to all stakeholders through workshops, seminars and publications.

Timeline: FY 2008 = Year 2 of activity Year started: 2007 Expected year of completion: 2008

Funding: Funds received to date:\$125,000 Funds expended to date: \$46,000

Funds requested to complete the study: FY 08:\$60,000 Beyond FY08: \$0

Describe funds leveraged/contributed from other sources: Principle investigators, accountant and project administrator work on project part time. Complement of their salaries is met by the University of Nairobi. (\$40,000)

Status of Study:

Investigators have obtained ethical clearance from Kenyan authorities (University of Nairobi / Kenyatta National Hospital and Ministry of Science and Technology ethical committees) and are now seeking ethical approval from CDC Atlanta.

Lessons Learned: Pending.

Information Dissemination Plan: The findings of this evaluation will be communicated to the Ministry of Health and other Kenyan stakeholders through seminars and publication of a summary report. Findings will also be published in appropriate peer review journals.

Planned FY08 Activities:

Field work and analysis will be completed in FY07. In FY08 the final report will be printed and disseminated to the Ministry of Health and other stakeholders. These findings will serve to guide policy on injection use in health care settings, training requirements, procurement of injectables and work place safety for health care workers. Specific activities in FY08 include: printing of final report and dissemination seminars for Ministry of Health, organizations implementing Injection Safety Programs and Medical professional associations including nurses, doctors, clinical officers and pharmacists.

Budget Justification for FY2008 Budget (USD):

 Salaries/ fringe benefits:
 \$ 10,000

 Equipment:
 \$ 0

 Supplies:
 \$ 10,000

 Travel:
 \$ 15,000

 Participant Incentives:
 \$ 0

 Laboratory Testing:
 \$ 0

 Other:
 (Printing)

 25,000
 Total:

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14870	6926.08	6961	1499.08	Making Medical Injections Safer	John Snow, Inc.	\$2,642,610
14932	7010.08	6981	3465.08		National AIDS & STD Control Program	\$120,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

General population		
Ages 15-24		
Men		
Ages 15-24		
Women		
Adults (25 and over)		
Men		
Adults (25 and over)		
Women		

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 303.08

Prime Partner: University of Nairobi

Funding Source: GHCS (State)

Budget Code: HMIN

Activity ID: 17829.08

Activity System ID: 17829

 Mechanism:
 Department of Obstetrics and Gynecology

 USG Agency:
 HHS/Centers for Disease Control & Prevention

 Program Area:
 Medical Transmission/Injection Safety

 Program Area Code:
 04

 Planned Funds:
 \$30,000

Activity Narrative: PHE CONTINUING STUDY:

Project Title: Assessment of Attitudes to use of Rectal Suppositories in Kenya

Name of Local Co- Investigators: Dr. Mark D. Joshi and Dr. James Kiarie

Project Description:

The Clinical Epidemiology Unit; University of Nairobi will perform this evaluation consisting of a national survey to examine factors that may hinder acceptance of rectal suppositories in preference to injections for the treatment of malaria and other medical conditions. This information will guide the development of IEC messages and training material to enhance acceptability of effective suppository treatments that will contribute to rational injection use. This would contribute to the prevention of HIV transmission through medical injections.

Reports generated will be disseminated to all stakeholders through workshops, seminars and publications.

Timeline: FY 2008 = Year 2 of activity Year started: 2007 Expected year of completion: 2008

Funding: Funds received to date:\$75,000 Funds expended to date: \$26,000

Funds requested to complete the study: FY 08:\$30,000 Beyond FY08: \$0

Describe funds leveraged/contributed from other sources: Principle investigators, accountant and project administrator work on project part time. Complement of their salaries is met by the University of Nairobi. (\$3,000)

Status of Study:

Investigators have obtained ethical clearance from Kenyan authorities (University of Nairobi / Kenyatta National Hospital and Ministry of Science and Technology ethical committees) and are now seeking ethical approval from CDC Atlanta.

Lessons Learned: Pending.

Information Dissemination Plan:

The findings of this evaluation will be communicated to the Ministry of Health and other Kenyan stakeholders through seminars and publication of a summary report. Findings will also be published in appropriate peer review journals.

Planned FY08 Activities:

Field work and analysis will be completed in FY07. In FY08 the final report will be printed and disseminated to the Ministry of Health and other stakeholders. These findings will serve to guide the development of IEC messages targeting health workers and the community for rational injection use. Specific activities in FY08 include: printing of final report and dissemination seminars for Ministry of Health, organizations implementing Injection Safety Programs and Medical professional associations including nurses, doctors, clinical officers and pharmacists.

Budget Justification for FY2008 Budget (USD):

Salaries/ fringe benefits:\$ 5,000Equipment:\$ 0Supplies:\$ 3,000Travel:\$ 7,000Participant Incentives:\$ 0Laboratory Testing:\$ 0Other: (Printing)\$ 15,000Total:\$ 30,000.00

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14932, 14870

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14870	6926.08	6961	1499.08	Making Medical Injections Safer	John Snow, Inc.	\$2,642,610
14932	7010.08	6981	3465.08		National AIDS & STD Control Program	\$120,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of facilities implementing safer medical injection practices	N/A	True
4.1 Number of individuals trained in medical injection safety	N/A	True

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 1501.08

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GAP

Budget Code: HMIN

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Medical Transmission/Injection Safety

Program Area Code: 04

Activity System ID: 15051

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED, BUT THIS YEAR'S CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHAI.

A prevention component has been integrated that has a budget of less than \$10,000 and includes the following elements:

 Evaluation of HIV risk through sharps injuries in mortuary personnel (\$9,000). Mortuary staff have not been targeted in Injection Safety program activities, but it is now suspected that they are exposed to HIV infection due to an increasing trend of embalming bodies prior to burial. Embalming is performed by untrained mortuary attendants.

1. LIST OF RELATED ACTIVITIES

This activity relates to all other activities in injection safety.

2. ACTIVITY DESCRIPTION

This activity relates to the prevention of HIV transmission among health care workers, medical waste handlers and the community. These funding will enable HHS/CDC staff to give technical support to six implementers of injection safety initiatives in Kenya. This will involve joint planning meetings, review of guidelines, standards and training material and support supervision at intervention sites and at training workshops. These staff will participate in the MOH injection safety steering committee and the injection safety stakeholders meetings to influence policy decisions in this arena. Activities are currently being scaled up to achieve national coverage by 2008. Staff will be involved in frequent travel across the country and will attend international conferences for dissemination of latest findings. One staff will dedicate 100% of their time to this activity while another will commit 40% time. The world Health Organization (WHO) estimates of global burden of disease suggest that unsafe injections around the world account for 5% of HIV infections, 32% of hepatitis B virus infections and 40% of hepatitis C virus infections. A 2004 survey by JSI-MMIS in Kenya revealed that over 70% of respondents received an average of 1.5 injections per year. Needle stick injuries within the previous six months were reported by 58% of health care workers. These findings supported those of an earlier study by the University of Nairobi among 214 nurses in Nairobi, which reported 61% needle stick injuries in health care workers over a three-month period. Needle recapping accounted for 46% of the injuries while 12% occurred in the process of sharps disposal. A majority of health facilities surveyed reported having experienced a shortage of disposable injection supplies in the 12 months prior to the survey, particularly in the curative sector. This reflected a less than optimal logistics system for forecasting, procurement, distribution and stock monitoring that may contribute to re-use of injections. Analysis of the status of injection logistics in the country revealed that there was no data to support rational forecasting of injection requirements. Procurement was based on previous consumptions. Appropriate product selection was poor due to lack of national standards for injection devices, registered suppliers of injection equipment and an appropriate board to handle non-pharmaceutical equipment. Track 1 funds were awarded to JSI-MMIS in 2004 to implement injection safety activities in Kenya and other PEPFAR focus countries. The activity aims to:1) improve training of health workers and managers on safe injection practices, infection control and disposal procedures; 2) institute an advocacy strategy to decrease demand for injections by the population; 3) establish reliable estimates of re-use prevention injection device equipment requirements, minimum stock levels and effective supply and distribution systems for re-use prevention injection device equipment; 4) institute monitoring and supervision procedures to ensure adequate supplies at all levels and correct practices by health workers; 5) ensure safe disposal of used injection equipment through the progressive introduction of appropriate incinerators; 6) secure the required budget for injection safety and infection control including safe disposal of used equipment. To date safe injection practices have been implemented in three districts, five of eight provincial hospitals and one of three university teaching hospitals. In FY 2006 the Ministry of Health, through the National AIDS and STD Control Program, received country funds to facilitate development of policy documents and coordinate injection safety initiatives countrywide. In the FY07 COP, additional partners will include the University of Nairobi, Danya International and USAID APHIA II implementing partners.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7111

Related Activity: 14943, 14762, 14726, 15001, 16291, 16293

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7111		HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4303	1501.07		\$252,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16291	16291.08	6950	375.08		Hope Worldwide	\$20,000
14943	4273.08	6982	1457.08		National Blood Transfusion Service, Kenya	\$3,000,000
14762	4862.08	6941	348.08		Community Housing Foundation	\$320,000
14726	4274.08	6923	1461.08		American Association of Blood Banks	\$500,000
16293	16293.08	6985	4924.08		Partnership for Supply Chain Management	\$720,000
15001	6446.08	7000	4061.08		Regional Procurement Support Office/Frankfurt	\$450,000

Targets

Target	Target Value	Not Applicable
Number of facilities implementing safer medical injection practices	N/A	True
4.1 Number of individuals trained in medical injection safety	N/A	True

Indirect Targets

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID:	1499.08	Mechanism:	Making Medical Injections Safer
Prime Partner:	John Snow, Inc.	USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Central GHCS (State)	Program Area:	Medical Transmission/Injection Safety
Budget Code:	HMIN	Program Area Code:	04
Activity ID:	6926.08	Planned Funds:	\$2,642,610
Activity System ID:	14870		

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGET AND AN INCREASE IN GEOGRAPHIC COVERAGE TO COVER ALL PROVINCES.

1. LINKED ACTIVITIES

The injection safety initiative is linked to all PEPFAR HIV Treatment, Care and Prevention programs and to the Ministry of Health's National AIDS and STD Control Program (NASCOP) Injection Safety activity. Other Kenyan stakeholders in the area of injection safety have been mobilized including the country World Health Organization (WHO), National AIDS Control Council (NACC) and local training institutions including the University of Nairobi and Kenya Medical Training College. A National Injection Safety Steering Committee has been established at the Ministry of Health chaired by the Deputy Director of Medical services and Head of Preventive health services. Membership to this committee is drawn from all the programs at the MOH and incorporates the National Environmental Management Authority (NEMA), World Health organization (WHO), National Aids Control Council (NACC), University of Nairobi and Kenya Medical Training College.

2. ACTIVITY DESCRIPTION

This activity relates to the prevention of HIV transmission among health care workers, medical waste handlers and the community. John Snow, Inc. - Making Medical injections Safer, (JSI-MMIS) partners with Academy for Educational Development (AED) and Program for Appropriate Technology in Health (PATH) to implement the three-step strategy recommended by the World Health Organization (WHO) and the Safe Injection Global Network (SIGN) to implement the PEPFAR Injection Safety program in the following countries: Kenya, Botswana, Cote d'Ivoire, Haiti, Rwanda, South Africa, and Tanzania. These funds will enable JSI-MMIS in Kenya to scale up injection safety interventions through activities that build on internationally accepted strategies to health care facilities in Rift Valley and Nairobi provinces. The world Health Organization (WHO) estimates of global burden of disease suggest that unsafe injections around the world account for 5% of HIV infections. A 2004 survey by JSI-MMIS in Kenya revealed that over 70% of respondents received an average of 1.5 injections per year. Needle stick injuries within the previous six months were reported by 58% of health care workers. These findings supported those of an earlier study by the University of Nairobi among 214 nurses in Nairobi, which reported 61 % needle stick injuries in health care workers over a three-month period. Needle recapping accounted for 46% of the injuries while 12% occurred during disposal of sharps. A majority of health facilities surveyed reported having experienced a shortage of disposable injection supplies in the 12 months prior to the survey, particularly in the curative sector. This reflects a less than optimal logistics system for forecasting, procurement, distribution and stock monitoring that may contribute to re-use of injections. Analysis of the status of injection logistics in the country revealed that there was no data to support rational forecasting of injection requirements. Procurement was based on previous consumptions. Appropriate product selection was poor due to lack of national standards for injection devices, registered suppliers of injection equipment and an appropriate board to handle non-pharmaceutical equipment. The JSI -Making Medical Injections Safe (JSI-MMIS) activity commenced in Kenya in 2004 under PEPFAR. The activity aims to: • Improve training of health workers and managers on safe injection practices, infection control and disposal procedures. • Institute an advocacy strategy to decrease demand for injections by the population. • Establish reliable estimates of reuse prevention injection device equipment requirements, minimum stock levels and effective supply and distribution systems for re-use prevention injection device equipment. • Institute monitoring and supervision procedures to ensure adequate supplies at all levels and correct practices by health workers. • Ensure safe disposal of used injection equipment through the progressive introduction of appropriate incinerators. Secure the required budget for injection safety and infection control including safe disposal of used equipment. Significant changes in FY08 include scale up of activities to Rift Valley and Nairobi provinces. In FY 06 and FY07 JSI-MMIS received country funds to facilitate faster expansion towards national coverage. It was expected that national coverage would be achieved in FY 08 through this intervention but this will not be possible with current funding levels. Prioritization with focus on population density and HIV prevalence precludes intervention in the North Eastern Province. The Ministry of Health has committed to increase procurement of auto- disable injection devices and health care waste disposal containers as well as increased guidance and supervision for injection safety and infection prevention and control at health care facilities. Significant reduction in prescription of injections and regular use of sharps disposal containers has occurred in all health facilities that have benefited from this intervention regions.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will avert at least 5% of HIV transmission in Kenya. To date over 13,000 health care workers (clinicians, logistical officers and medical waste handlers) have been trained in safe injection practices and medical sharps waste management. Interventions have been implemented in four provinces (Central, Nyanza, Western and Coast) and part of the Kenyatta National Hospital. In FY08 an additional 6,000 health care workers will be trained in Nairobi and Rift Valley provinces.

4. POPULATIONS BEING TARGETED

• Health care workers • Community • Medical Waste handlers • Policy makers.

5. EMPHASIS AREAS COVERED

This activity has major emphasis on training to impart improved skills, knowledge and attitudes regarding safe injection practices to healthcare workers, waste handlers and the community. This activity will also guide the development of policies to ensure adequate supplies of appropriate injection supplies at health care facilities and their use thereof.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6926

Related Activity: 14932

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6926		HHS/Centers for Disease Control & Prevention	John Snow, Inc.	4240	1499.07	Making Medical Injections Safer	\$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14932	7010.08	6981	3465.08		National AIDS & STD Control Program	\$120,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of facilities implementing safer medical injection practices	N/A	True
4.1 Number of individuals trained in medical injection safety	6,000	False

Indirect Targets

Target Populations

General population			
Children (under 5)			
Boys			
Children (under 5)			
Girls			
Children (5-9)			
Boys			
Children (5-9)			
Girls			
Ages 10-14			
Boys			
Ages 10-14			
Girls			
Ages 15-24			
Men			
Ages 15-24			
Women			
Adults (25 and over)			
Men			
Adults (25 and over)			
Women			
Other			
Business Community			

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 3465.08

Prime Partner: National AIDS & STD Control Program Funding Source: GHCS (State)

Budget Code: HMIN

Activity ID: 7010.08

Activity System ID: 14932

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Medical Transmission/Injection Safety Program Area Code: 04

Planned Funds: \$120,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to injection safety activities implemented through John Snow, Inc/Making Medical Injections Safer (#8985), Supply Chain Management System (#8817), Danya International (#8824), and JHPIEGO (#8821); NASCOP activities in ART (#7004), CT (#7009), and Palliative Care (#7005); and PEPFAR partners in care, prevention, laboratory and treatment.

2. ACTIVITY DESCRIPTION

The Ministry of Health, in conjunction with the Division of Curative Services, Division of Preventive and Promotive Health and National AIDS Control Program (NASCOP), will review, develop and monitor the implementation of the national standards, guidelines and strategic plan for injection safety and health care waste management completed in FY 2006 and coordinate the scale up of injection safety by various partners country-wide to ensure coverage of 5 provincial hospitals and 5 provinces by 2008 and national coverage by 2009. Appropriate monitoring tools will be developed and used to determine the impact of these activities. This activity includes the coordination of the above-mentioned activities to impart improved attitudes and behavior change among health care workers and the general public regarding the role of proper disposal of medical wastes, especially sharps, that contribute to the transmission of HIV/AIDS in hospital settings and the surrounding communities. Transmission of HIV and hepatitis in health care settings can occur through unsafe injections and other unsafe medical practices, including poor disposal of contaminated medical wastes. The persons most at risk of infection through unsafe injection practices are the recipients, health care workers and the wider community through exposure to contaminated sharps waste.

Estimates of the global burden of disease from unsafe injections suggests that, in the year 2000, unsafe injections around the world accounted for five percent of HIV infections, 32 percent of hepatitis B virus infections, 40 percent of hepatitis C virus infections, 28 percent of liver cancers, and 24 percent of cirrhosis cases (World Health Organization, 2003). A Health workers survey in 2005 in Kenya reported that 12% of health care workers had experienced needle stick injury in the previous 12 months. The data suggests that injection overuse and unsafe injection practices contribute to contaminated and often unnecessary injections in the formal and informal health sector, and therefore constitute a significant mode of transmission for HIV and hepatitis.

Secondly, NASCOP will advocate for safer injection practices through collaboration with other partners including Danya Int. and JHPIEGO to guide the development of country-specific information, education and communication (IEC) material and media messages targeted at health care waste handlers, injection prescribers and the community at large. The injection safety program will outsource the sensitization and dissemination of IEC materials and policy document to JHPIEGO who are a partner to NASCOP. These will be aimed at reducing the demand for injections, rationalizing prescription of injectables and increasing awareness about the risks to the community of improperly disposed injection waste. An increased number of injections are being used in the informal health care sector, where the re-use of injections and the occurrence of needle stick injuries result to HIV transmission and are more highly probable. IEC material will be developed in different languages based on the HIV/AIDS prevalence, population density and population groups affected by the epidemic.

The third objective is to monitor injection practices country-wide and give supportive supervision that will strengthen performance at all levels including that of implementing partners. Infection Prevention Committees (IPC) at five major hospitals will be reactivated to oversee safe injection and waste management practices. These will be comprised of a core team of a senior nurse, a public health officer, a clinician and a lab technologist. The lessons learned from these initial hospitals will be used to enhance the functions of IPCs at all hospitals in the country. These committees will serve to ensure sustainability of safe injection practices in years to come.

Potential partners such as the National Nurses Association of Kenya, National Environmental Management Authority (NEMA), National AIDS Control Council (NACC), WHO and JHPIEGO will be identified to work with NASCOP to improve injection safety. These groups will hold quarterly meetings to discuss the outcomes and plan for the way forward.

Lastly, the injection safety program will provide funding for the Kenya Medical College to hold various trainings for the post-graduate and the pre-service students on injection safety, PEP and waste management in the prevention of nosocomial transmission infections. The college will incorporate safe injection practice into their curriculum.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

As the HIV treatment program is scaled up and brings more HIV/AIDS patients to health care facilities, measures should be put in to place to protect health care workers and other patients from nosocomial infections. This program will contribute to averting up to 5% new cases of HIV in the country. The injection safety and waste management program under the Ministry of Health will guide the development of policy and support implementing partners with the aim of achieving national coverage by 2009 and sustainable safe practices thereafter.

4. LINKED ACTIVITIES

This activity relates to injection safety activities implemented through John Snow, Inc/Making Medical Injections Safer (#8985), Supply Chain Management System (#8817), Danya International (#8824), and JHPIEGO (#8821); NASCOP activities in ART (#7004), CT (#7009), and Palliative Care (#7005); and PEPFAR partners in care, prevention, laboratory and treatment.

The injection safety initiative is linked to the Kenya Expanded Program for Immunization (KEPI), which already procures non re-use injection devices for its program. Other Kenyan stakeholders in the area of injection safety have been mobilized, including the Ministry of Health Infection Prevention and Control Committee and the Nosocomial TB/HIV Prevention Unit of NASCOP. A National Injection Safety Steering Committee has been established at the Ministry of Health chaired by the Deputy Director of Medical Services and Head of Preventive Health Services. Membership to this committee is drawn from all the

Activity Narrative: programs at the MOH and incorporates the National Environmental Management Authority (NEMA), World Health Organization (WHO), National AIDS Control Council (NACC), CDC and USAID.

5. POPULATIONS BEING TARGETED

This activity targets policy-makers, all health care workers (nurses, doctors, clinical officers, pharmacists, lab personnel, health care waste handlers), medical training institutions, the public, and the community.

6. EMPHASIS AREAS COVERED

This activity has a major emphasis on policy and guidelines development, with a minor emphasis on quality assurance, quality improvement and supportive supervision to monitor improved skills, knowledge and attitudes regarding safe injection practices of healthcare workers, waste handlers and the community. This activity will also coordinate the development of policies to ensure adequate supplies of appropriate injection supplies at health care facilities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7010

Related Activity: 14870

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7010		HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	4266	3465.07		\$120,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14870	6926.08	6961	1499.08	Making Medical Injections Safer	John Snow, Inc.	\$2,642,610

Targets

Target	Target Value	Not Applicable
Number of facilities implementing safer medical injection practices	N/A	True
4.1 Number of individuals trained in medical injection safety	N/A	True

Indirect Targets

HVOP - Condoms and Other Prevention	
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05

Amount of total Other Prevention funding which is used to work with IDUs	\$ \$375,000
Estimated PEPFAR contribution in dollars	\$99,750
Estimated local PPP contribution in dollars	\$99,750

Program Area Context:

HVOP Program Narrative 2008 COP

Key Result 1: 5,300,000 million individuals reached with condom and other prevention messages through community outreach.

Key Result 2: 41,400 individuals trained to promote HIV/AIDS prevention.

Key Result 3: 42,800 targeted condom outlets supported.

CURRENT PROGRAM CONTEXT

With Emergency Plan (EP) financial and technical support, the National AIDS Control Council (NACC) and others recently held a national HIV Prevention Summit. The summit emphasized the need for an invigorated and comprehensive approach to HIV prevention supported by high-level Government of Kenya (GOK) leadership. In addition, the summit consensus document emphasized the need for an evidence-based approach to prevention informed by rigorous analysis of Kenya's epidemic. Results from the ongoing Kenya AIDS Indicator Survey (KAIS) will be available in early 2008 and will be important to guide effective targeting of HIV prevention efforts to groups with high HIV incidence.

The USG team plans for 2008 include both expansion of effective ongoing activities and several new areas of emphasis, including the Healthy Youth Initiative (hypeKenya), commercial sex worker (CSW) prevention interventions, male circumcision, programs targeting substance (including alcohol) abusers, addressing gender-based violence and expanded positive prevention. The provincial-level APHIA projects will continue to implement comprehensive HIV prevention programs and will take on more of the high-risk populations targeted through the ROADS project along the main transport corridors linking Kenya to neighboring countries.

STATISTICS

Recent analyses of national HIV data (JAIDS, 2006) suggest that most-at-risk populations in Kenya are defined by risk behaviors and by demographics, particularly region of residence. Both men and women in Nyanza Province are twice as likely to have HIV compared with their counterparts in Nairobi. Widowed and divorced women have very high HIV prevalence. Among women who drink alcohol, HIV prevalence is 19%, compared with 9% among those who have never drunk alcohol. Men who drink frequently are also at higher risk for HIV infection. HIV discordance within married couples is high: 50% of married HIV-infected persons have an HIV-negative spouse (DHS 2003). HIV-negative partners in discordant couples are Kenya's largest high-risk population, although the vast majority of these individuals are unaware of their own or their partner's HIV status.

Condom use with non-marital, non-cohabitating partners remains low in Kenya: less than 25% of women and 50% of men who had engaged in high-risk sex used a condom. Implementing partners distribute either socially marketed condoms from the private sector, provided by the Department for International Development (DFID), or public sector condoms provided by the Government of Kenya through Global Fund assistance or the World Bank. However, in the future, DFID may not be relied on to fulfill this need and USG does not presently procure condoms in Kenya, so this gap will need to be filled.

SERVICES

Increased emphasis on evidence-based programming will characterize both OP and AB activities in 2008. Sexually active youth, especially those choosing to return to abstinence, will be helped to access counseling and testing services. Couples counseling and testing will be widely scaled up and reinforced in 2008; education on faithfulness is now also linked to couple counseling and testing to ensure it is advocated as a priority with concordant uninfected partners.

The close association between gender norms and increased vulnerability is an important focus of both OP and AB program activities. As such, we will continue to confront the underlying gender norms and male behaviors which fuel the epidemic, including gender-based violence and coercion, unequal access to income and productive resources, and inadequate protection for women's legal rights. The Men as Partners (MAP) curriculum-based program has been implemented among young recruits of the National Youth Service and will be expanded. Through Capable Partners, the WEMA Street Girls Centre will establish safe houses in urban areas for young victims of sexual abuse, and all APHIA provincial and district level projects will target high-risk populations.

EP support will expand successful OP interventions targeting high-risk groups, including transport workers, out-of school youth, substance abusers, discordant couples, and people living with HIV. To address the associated risks of alcohol and substance abuse with HIV and risky sexual behavior, programs will incorporate messages on these topics in education and life skills training.

Each of the eight APHIA II projects will support teachers at the worksite in collaboration with the Ministry of Education and the

Kenya National Union of Teachers. hypeKenya will be launched to provide information and interventions that equip young people to make healthy decisions, including interventions to address the unique vulnerabilities faced by young women and girls. These interventions will be linked to existing youth prevention programs with a goal of reducing HIV prevalence in young people by 50% over the next five years.

The USG portfolio review highlighted the need for expanded prevention efforts for both female and male CSWs. The CSW prevention package will include behavioral interventions, condom promotion, STI treatment as well as linkages to HIV testing and, for those who are HIV+, early treatment. Interventions to reduce the incidence of gender-based violence and to develop new, healthy male social norms will also be expanded.

Following release of World Health Organization (WHO) and PEPFAR guidance recommending implementation of male circumcision (MC) as an effective HIV prevention intervention for uninfected men, the Kenya USG team began work with GOK and stakeholders in this area. Kenya's National AIDS and STI Control Programme (NASCOP) has identified early implementation districts and strategies as well as key operational evaluation questions that should be addressed in Kenya. In 2008, USG will complement efforts of other donors and expand activities begun with 2007 plus-up funding. These include widespread provision of MC services in Suba District and implementation and evaluation of MC service delivery strategies throughout Nyanza Province, which has high HIV prevalence and very low male circumcision rates.

WORK OF HOST GOVERNMENT AND OTHER IMPLEMENTING PARTNERS

The USG team has worked very closely with NACC, NASCOP, DFID, WHO, and UNAIDS on planning and supporting OP-related activities in Kenya. We have participated actively in Global Fund planning and the Development Partners for Health in Kenya to maximize coordination between streams of funding support. Existing prevention activities will be continued and expanded largely by the USG and the World Bank Total War on AIDS project with NACC, which includes a small grants program to civil society organizations.

DFID will direct its future assistance to the GOK, rather than to civil society as it has done in the past. A gap may therefore be experienced in condom procurement and support to NGOs and CBOs. The Global Fund will continue its support to 26 NGOs with over \$2.8 million for Phase 2 through NACC, if and when this funding is released. At the implementation level, NASCOP is conducting an intervention to target CSW, Intravenous Drug Users, MC, and condom promotion throughout the country.

OUTSTANDING CHALLENGES AND GAPS

During the Prevention Summit, several obstacles were identified that could inhibit the success of OP activities: low knowledge of HIV status; limited targeted national prevention, positive prevention (PwP), and most-at-risk and vulnerable populations efforts; unclear accountability for HIV prevention targets; resource gaps in prevention programs; poor adherence to the national priorities; lack of a single agreed upon, coherent national prevention program; and a limited evidence base for prevention interventions. USG will address several of these barriers by expanding targeted interventions, supporting rapid scale-up of HIV counseling and testing, conducting key public health evaluations to expand the evidence base, and advocating for national leadership in prevention.

Program Area Downstream Targets:

5.1 Number of targeted condom service outlets	42800
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5300000
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	41400

Custom Targets:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	3465.08	Mechanism:	N/A
Prime Partner:	National AIDS & STD Control Program	USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP	Program Area Code:	05
Activity ID:	4228.08	Planned Funds:	\$90,000
Activity System ID:	14933		

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful Programs (#7007), Counseling and Testing (#7009), Prevention of Mother-to-Child Transmission (#7006), Palliative Care: Basic Health Care and Support (#7005), Palliative Care: TB/HIV (#7001), HIV/AIDS Treatment: ARV Services (#7004) and Strategic Information (#7002).

2. ACTIVITY DESCRIPTION

The Kenya National AIDS and STI Control Program (NASCOP) will support, supervise and monitor condoms promotion and prevention activities targeting at-risk youth and vulnerable populations in Kenya. NASCOP will also support the training of 300 individuals in the promotion of HIV/AIDS prevention through OP messages. In addition, STI management will be strengthened to provide a special focus on Positive prevention. This will entail educating health workers on the need to intensify STI screening and treatment for individuals with HIV. Guidelines for health service providers will be developed to assure they focus on important aspects such as positive prevention and the provision of youth-friendly services, a gap highlighted in the 2004 Kenya Service Provision Assessment Survey. Training updates for health workers will be done through the Kenya Medical Training College. NASCOP will also take the lead in developing policies and guidelines as needed to ensure a reasonable standard of practice in delivering prevention programs for vulnerable populations. NASCOP will continue strengthening a coordination mechanism for condom promotion, information and education to vulnerable populations in Kenya. It will continue to explore feasible avenues of strengthening HIV prevention programs such as the integration of alcohol prevention efforts with HIV prevention work. NASCOP will coordinate the development and distribution of print materials as needed in support of condoms and other prevention programs for young people and most-at-risk populations. It will support increased condom access through increasing the number of condom outlets country wide. These will contribute to improved HIV preventive behaviors among young people, changed social and community norms to promote HIV preventive behaviors among youth and young adults as well as reduced HIV/AIDS stigma and discrimination. Significant changes from 2006 to 2007 will be that NASCOP will play a key role in ensuring that epidemiological data is captured, analyzed and presented for use in implementation of prevention programs. NASCOP was established within the Ministry of Health (MOH) to conduct surveillance, develop policies and coordinate activities in HIV/AIDS prevention, care and treatment. Since 2001, the USG has been a major supporter of operational activities of NASCOP through a cooperative agreement with CDC that has resulted in the development of VCT, PMCT, ARV, TB-HIV care, HIV testing in clinical settings and other policies; improved support supervision and field coordination with provincial, district and local facilities; and improved surveillance, monitoring and evaluation. This has resulted in increased capacity for the MOH that serves as a platform for the services necessary to reach Emergency Plan targets.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute towards the achievement of the Emergency Plan prevention targets. It will promote the ability of implementing partners to reach their varied emergency plan targets for the year and will guide the implementation of targeted interventions for greater efficacy in behavior change. NASCOP will also support the training of 300 individuals in the promotion of HIV/AIDS prevention through OP messages.

4. LINKS TO OTHER ACTIVITIES

This project will establish essential linkages with other NASCOP coordinated national programs including NASCOP CT activity (#7009); NASCOP AB activity (#7007), NASCOP PMTCT activity (#7006); NASCOP ARV services activity (#7004); NASCOP palliative care: basic health care and support activity (#7005), NASCOP palliative care: TB/HIV (#7001) and NASCOP strategic information activity (#7002).

5. POPULATIONS BEING TARGETED

Activities implemented by NASCOP in this area will target partners working towards the reduction of HIV prevalence through prevention of new and secondary infections. Efforts in this activity will target out of school and street youth, children and youth, adults, people living with HIV/AIDS and most at risk populations. Community organizations including FBOs, NGOs, implementing organizations and rural communities will be indirectly targeted by NASCOP.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The primary legislative issue addressed in this project is increasing gender equity in HIV/AIDS programs and reducing stigma and discrimination.

7. EMPHASIS AREAS

This activity includes major emphasis on quality assurance, Quality improvement and supportive supervision. Minor emphasis will be on commodity procurement, development of linkages and referrals and the development of guidelines and information, education and communication.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7008

Related Activity: 14930, 14931, 14934, 14935, 14936, 14937, 14939

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20220	4228.20220. 09	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	8994	3465.09		\$124,461
7008	4228.07	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	4266	3465.07		\$100,000
4228	4228.06	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	3465	3465.06		\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14930	4225.08	6981	3465.08		National AIDS & STD Control Program	\$550,000
14931	4226.08	6981	3465.08		National AIDS & STD Control Program	\$210,000
14934	4224.08	6981	3465.08		National AIDS & STD Control Program	\$500,000
14935	4126.08	6981	3465.08		National AIDS & STD Control Program	\$1,075,000
14936	4787.08	6981	3465.08		National AIDS & STD Control Program	\$700,000
14937	4223.08	6981	3465.08		National AIDS & STD Control Program	\$1,600,000
14939	4221.08	6981	3465.08		National AIDS & STD Control Program	\$2,000,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	300	False

Indirect Targets

Target Populations	
General population	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Special populations	
Most at risk populations	
Injecting drug users	
Most at risk populations	
Street youth	
Other	

People Living with HIV / AIDS

ctivities by Funding Mechans	sim						
Mechanism ID:	5093.08	Mechanism:	Prisons Project				
Prime Partner:	Kenya Medical Research Institute	USG Agency:	HHS/Centers for Disease Control & Prevention				
Funding Source:	GHCS (State)	Program Area:	Condoms and Other Prevention Activities				
Budget Code:	HVOP	Program Area Code:	05				
Activity ID:	5064.08	Planned Funds:	\$102,500				
Activity System ID:	14890						
Activity Narrative:	THIS IS AN ONGOING ACTIVITY REFERENCES TO TARGETS AN	Y. THE NARRATIVE IS UNCHANGED ND BUDGETS.	EXCEPT FOR UPDATED				
		T OF RELATED ACTIVITIES ctivity relates to activities in Abstinence and Be Faithful Programs (#6876), (#6943), Counseling and g (#6875), (#4255), Palliative Care: Basic Health Care Support (#6870).					
	consistent use of condoms amon HIV infection and who engage in ensure availability in all the Unifor monitoring of condom utilization v and female condom use on mont recruits entering the Uniformed S Kenya Wildlife Service, Administr young men and women in the age focused program referred to as "" element will be introduced in the program and those who do not ac 200 Uniformed Service personne	, the first component will involve activiting the Non-Military Uniformed Service P high risk behaviors. Proper condom supred Services camps, stations and part will be done through a requirement for a hly basis. The second component will ir ervices, including the Kenya Prisons Seration Police and the Kenya Police. The e group 18 to 24 years annually. Thoug Men as Partners" (MAP) under the AB p training institution to include those who dhere to the intended behavior change of I will be trained to carry out this activity. this activity, and 150 condom outlets with the service of the serv	ersonnel who are most at risk of oply channels will be put in place to ks country-wide. Regular Il units to file reports on both male twolve activities focusing on young ervice, National Youth Service, the se services recruit about 8,000 h this group is being targeted in the orogram area, an additional may not be covered by this of either abstaining or being faithful. 8,500 members of the uniformed				
	OP activities within the Uniformed prevention targets for Kenya. This the risk of HIV transmission amor	ONTRIBUTION TO OVERALL PROGRAM AREA activities within the Uniformed Services will contribute to the overall Emergency plan for FY 2006 ention targets for Kenya. This activity contributes to Kenya's Five-Year Strategy emphasis of reducing isk of HIV transmission among young people. The Uniformed Services will integrate their OP program other sexually transmitted infection (STI) clinics and reproductive health clinics at the various prmed Services health facilities.					
	OP activities will at all times enco community. This OP activity is als partnering with other activities that	/ITIES CT activity (#6875) targeting to serve uniformed services personnel, since all encourage routine counseling and testing among the Uniformed Services v is also linked to Uniformed Services KEMRI/USP AB activity (#6876) by es that promote prevention among the youth of the Uniformed Services ng HIV care and treatment will be served under the CHF HBHC activity (#6870).					
	discordant couples and prisoners Uniformed Services work places a neighborhood. Medical personnel	RGETED he most at risk population by targeting the Uniformed Services personnel, oners. It will also reach the civilian population living and working in the ices and also the host population living in the Uniformed Services onnel working in these uniformed services will also be targeted for appropriate amilies PLWHAs will be a target on positive prevention.					
	of these uniformed services are y identified as contributing to sexual	ES ADDRESSED issues of male norms and behaviors, as many (though not all) of the members are young men. It will also challenge traditional male norms that have been sexual coercion and multiple sexual partners. The USP OP program will also nation that often is a significant obstacle to adopting behaviors that contribute to					
	Services. Training will also be an STI/HIV prevention services this a	activity will be on a workplace program emphasis area to ensure that Uniforme activity provides. Other emphasis areas vior change. Supervision and quality as	ed Services personnel receive the will be information, education, and				
HQ Technical Area:							

New/Continuing Activity: Continuing Activity

Continuing Activity: 9228

Related Activity: 14764, 14767

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20653	5064.20653. 09	HHS/Centers for Disease Control & Prevention	International Medical Corps	9097	5093.09	Prisons Project	\$205,000
9228	5064.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	5093	5093.07	Prisons Project	\$205,000
5064	5064.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3263	1246.06	Uniformed Services Project	\$70,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14764	4165.08	6941	348.08		Community Housing Foundation	\$525,000
14767	4170.08	6941	348.08		Community Housing Foundation	\$1,800,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

- * Training
- *** In-Service Training

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	150	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	8,500	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200	False

Target Populations

General population
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Special populations
Most at risk populations
Incarcerated Populations
Other
Discordant Couples
People Living with HIV / AIDS

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 34	476.08	Mechanism:	South Rift Valley
	enya Medical Research istitute	USG Agency:	Department of Defense
Funding Source: G	HCS (State)	Program Area:	Condoms and Other Prevention Activities
Budget Code: H	VOP	Program Area Code:	05
Activity ID: 88	808.08	Planned Funds:	\$240,000

Activity System ID: 14903

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

+ Geographic coverage has been expanded to include Bomet District, Bureti District, Nandi North and Nandi South;

+ The target population has been expanded include discordant couples, personnel of public service

vehicles, university students at East Africa Baraton University and people living with HIV; + \$7,000 of this activity is programmed with funds from the \$7 million FY 2008 plus up for the Healthy Youth

Programs Initiative;

+ \$137,500 of this activity is programmed with funds for the promotion, education and awareness of male circumcision as a prevention intervention;

+ Other changes include the following new interventions in the OP activity:

>Men as Partners in HIV Prevention

>Positive Prevention in Community Settings

>I Choose Life program for University Students

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Being Faithful (#6891) and Counseling and Testing (#6968).

2. ACTIVITY DESCRIPTION

Kenya Medical Research Institute (KEMRI) will embark on a new piloted initiative in south Rift Valley in the area of Condoms and Other Prevention in 2007 in order to bring prevention to high-risk populations in two stop-over locations along the Nariobi-Kisumu transport highway corridor within Kericho District. Both sites have been extremely underserved in the area of prevention which has fueled the prevalence rate to increase among core transmitters as well as the surrounding general communities. KEMRI south Rift Valley program has had a comprehensive HIV care program for the residents of south Rift Valley since the 2005 Emergency Plan which includes counseling and testing as well as HIV/AIDS treatment. A significant aspect of the existing KEMRI-south Rift Valley HIV comprehensive care program which has been missing is in the area of prevention, especially among high-risk populations. The reliance on conventional voluntary counseling and testing (VCT) sites to address this need has not been a sufficient prevention intervention. In FY 2008, KEMRI south Rift, will address this existing gap in HIV-AIDS prevention by targeting 10,000 individuals in Kapsoit and Chepseon in creating a sustainable prevention program which addresses the specific risk factors of commercial sex workers (CSW) as well as other high-risk adults in both locations. Kapsoit and Chepseon have an estimated HIV prevalence rate of 4-6% among the general population, but the targeted group for this activity is estimated to be higher than that. Even after personal knowledge of HIV status, there is a significant gap in prevention activities due to the lack of personal knowledge and skills that assist an individual to change behavior. KEMRI-south Rift will address this issue in these two localities with condom promotion and STI identification and management. They will also target 50 people to be trained in promoting HIV/AIDS prevention among high-risk adults.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

KEMRI-south Rift Valley's new activity in Condoms and Other Prevention will contribute to the overall objective of reducing high-risk behaviors among high-risk adults. This activity will also empower and train 50 individuals in both locations in the promotion of routine testing of STIs as well as the promotion of consistent and correct condom use. This activity will target 10,000 individuals with HIV prevention messages as well as behavior change skills that significantly minimize their risk behaviors. 50 condom dispensers will also be set up throughout the two locations.

4. LINKS TO OTHER ACTIVIITES

This activity is linked to Live with Hope's Abstinence/Being Faithful program (#6891) as another prevention activity occurring in Kericho District. Through coordination the two programs will work closely together in identifying populations to reach with prevention. Counseling and testing services through KEMRI-south Rift Valley (#6968) will also be linked to this activity in the promotion of gaining personal knowledge of HIV status as a key to prevention and access to care.

5. POPULATIONS BEING TARGETED

This activity will target adults in the general population with prevention messages as well as the most at-risk populations of commercial sex workers and mobile populations; specifically truck drivers. Brothel owners and bar maids will also be a targeted population for this activity.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address adult men in educating them about the identification of male norms and behaviors which may be risk factors in HIV-AIDS transmission. The project activities with CSWs will increase gender equity in HIV-AIDS programs as well as increasing women's access to income and productive resources. Stigma reduction will also be addressed through information, education and community mobilization.

7. EMPHASIS AREAS

The primary focus of KEMRI-south Rift Valley in this activity will be to mobilize the community in the participation of these prevention activities as well as reduce stigma in specific high-risk populations. This activity will also dedicate part of its time to information, education and communication in the development of material that serves as mass media prevention campaigns as well as in training of individuals to sustain the prevention activities. Unallocated funds for this activity will expand existing activities in the 2007 COP. Kenya Medical Research Institute (KEMRI) will embark on a new piloted initiative in south Rift Valley in the area of Condoms and Other Prevention in 2007 in order to bring prevention to high-risk populations in two stop-over locations along the Nariobi-Kisumu transport highway corridor within Kericho District. Both sites have been extremely underserved in the area of prevention which has fueled the prevalence rate to increase among core transmitters as well as the surrounding general communities. KEMRI south Rift Valley program has had a comprehensive HIV care program for the residents of south Rift Valley since the 2005 Emergency Plan which includes counseling and testing as well as HIV/AIDS treatment. A significant aspect of the existing KEMRI-south Rift Valley HIV comprehensive care program which has been missing is in the area of prevention, especially among high-risk populations. The reliance on conventional voluntary counseling and testing will be streated on conventional voluntary counseling and testing the streated bas not been a sufficient prevention has releated to the prevention. In

Activity Narrative: FY 2008, KEMRI south Rift, will address this existing gap in HIV-AIDS prevention by targeting 10,000 individuals in Kapsoit and Chepseon in creating a sustainable prevention program which addresses the specific risk factors of commercial sex workers (CSW) as well as other high-risk adults in both locations. Kapsoit and Chepseon have an estimated HIV prevalence rate of 4-6% among the general population, but the targeted group for this activity is estimated to be higher than that. Even after personal knowledge of HIV status, there is a significant gap in prevention activities due to the lack of personal knowledge and skills that assist an individual to change behavior. KEMRI-south Rift will address this issue in these two localities with condom promotion and STI identification and management. They will also target 50 people to be trained in promoting HIV/AIDS prevention among high-risk adults. The additional funds will also be used to identify and implement 50 condom distribution sites in non-traditional locations where access to free condoms is limited.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8808

Related Activity: 14915, 15007, 14917, 16854, 14904, 14908, 14907

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20779	8808.20779. 09	Department of Defense	Henry M. Jackson Foundation Medical Research International, Inc.	9130	3476.09	South Rift Valley	\$280,475
8808	8808.07	Department of Defense	Kenya Medical Research Institute	4249	3476.07	South Rift Valley	\$375,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14915	4919.08	6973	238.08		Live With Hope Centre	\$120,000
16854	16854.08	6973	238.08		Live With Hope Centre	
14904	6922.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,050,000
14907	4828.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,280,000
14917	4114.08	6973	238.08		Live With Hope Centre	\$150,000
15007	4245.08	7005	671.08		Tenwek Hospital	\$350,000
14908	6973.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$7,170,714

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	50	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Teachers

Coverage Areas

Rift Valley

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 4914.08 Prime Partner: JHPIEGO

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 8932.08

Activity System ID: 14863

Mechanism: APHIA II - Eastern

USG Agency: U.S. Agency for International Development Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$1,200,000

EARLY FUNDING IS REQUIRED FOR THIS ACTIVITY; \$500,000

The only changes to the program since approval in the 2007 COP are

+ geographic coverage has been expanded to include Kitui, Makueni, and Mwingi

+ OP funds totaling \$29,000 will contribute to the sensitization of teachers as a worksite population linking with AB and OPHS funds for a \$150,000 activity to reach 750 teachers and train 20 more.
 +APHIA II Eastern will work with select health facilities, police, uniformed services, opinion leaders and

others on issues of gender-based violence. + The OP activity will include Prevention with Positives (PwP) activities working through PLWA support

groups linked to the Comprehensive Care Centers in Eastern province. + APHIA II Eastern will also expand their activities with CSWs and MSMs in Eastern province

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8782), Prevention of Mother-to-Child Transmission (#8752), Orphans and Vulnerable Children (#9041), Abstinence and Be Faithful Programs (#8725), HIV/AIDS Treatment: ARV Services (#8792), Palliative Care: TB/HIV (#9069) and Palliative Care: Basic Health Care Support (#8863).

2. ACTIVITY DESCRIPTION

In FY08, APHIA II Eastern will reach 200,000 individuals, train 2,000 people and distribute condoms through 100 outlets. Civil society activities are crucial to promoting healthy behaviors. Significant and sustained behavior change requires not only information transmission, but attitudinal change and sustained reinforcement that increases levels of perceived self-efficacy that ultimately results in normative change. Although messages need to be tailored to specific target groups, all of them, developed in harmony with National AIDS and Sexually Transmitted Infection Control Program (NASCOP) and the Division of Reproductive Health (DRH), include reducing stigma associated with HIV/AIDS, the protective effects of abstinence and faithfulness to a partner of known HIV status, and the importance of knowing one's HIV status and taking appropriate action. These actions could be starting and adhering to antiretroviral treatment (ART) if HIV positive, and practicing health behaviors, (including condom use and use of MCH/FP services) regardless of serostatus. In FY 2006, a grant-making process was established through PATH and CLUSA, who have used this approach in other areas of Kenya. A first set of grants was made and activities started up. In FY 2007 this program will be expanded to reach more families and communities. Work will include implementing prevention interventions through civic group partners, and through men's and women's groups. Activities will integrate prevention messages about parent-child communication, gender-based violence, and youth participation. Other avenues used will include working through the Youth Sports Initiative as a means to building life skills. Communities will conduct health self-assessments and develop action plans, assisted by "quick-win" grants to operationalize the necessary structures and enlist widespread support. Village health committees (VHCs) within a facility catchment area will form sub-location health coordination committees, which in turn will serve as forums for sharing among VHCs and for coordinating activities that affect multiple VHCs. Health management committees will receive mentorship and training to introduce transparency into their programmatic and financial operations. This ongoing relationship will include assisting sub-grantees to better access local services, to participate in community mobilization, and to share the results of their work with other local groups. Key messages and strategies developed by National AIDS and Sexually Transmitted Infection (STI) Control Program (NASCOP), and local DHMTs will form part of all social mobilization activities. In FY 2007 the program will also be expanded to include identification of workplaces- including those in non-health sectors such as agriculture, banking, transportation, trade, food and hospitality, fuel service and education- for dissemination of information and counseling and testing service delivery. For example, due to the long distance travel associated with commercial trade, truckers often frequent hotels and transient lodges along the highway that runs along the southeast border of Eastern province. These lodgings are excellent settings for information dissemination that will build on and complement programs such as the regional Corridors program. Police posts, hotels, and will also be reached through the program. Peer coordinators will be trained through a cascading trainers program. Informal workplaces will also form part of the program. PATH will work with youth as a cross-cutting population that has access to other groups within families. Youth will function both as advocates during interventions, and as a means of reaching their peers. Using the overall behavior change communication (BCC) strategy and key messages developed in FY 2006, activities this year will include community outreach activities that are youth-centered, including production and distribution of Nuru comic, Magnet theater (a technique already in use elsewhere in Kenya that targets a whole community on a repeated basis), youth murals, and contest of various types. The team will also train faith-based and nongovernmental organizations (FBOs and NGOs) to deliver ABC messages to high-risk groups, men's groups to disseminate accurate and appropriate information and promote the use of voluntary counseling and testing (VCT), prevention of mother-to-child HIV transmission (PMTCT) and antiretroviral treatment (ART) services, and will expand message reach through community radio programs. Messages will also aim to reduce stigma. People living with AIDS (PLWAs) will be involved in the design and implementation of outreach programs. To complement the prevention program, JHPIEGO and its partners (particularly the DHMT) will undertake advocacy with groups including religious leaders, elected officials and other opinion leaders

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Activities being carried out will contribute directly to USG's 5-year strategy in support of Kenya's integrated HIV/AIDS programs, by developing strong networks at the community level for a sustained response. The activity will serve 100 condom service outlets and 200,000 individuals will be reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and being faithful. A total of 2000 individuals will be trained to promote HIV/AIDS prevention programs.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in orphans and vulnerable children (#9041), counseling and testing (#8782), abstinence/be faithful to promote health behaviors amongst youth and reduce stigma by encouraging individuals to know their HIV status (#8725). It also relates to PMTCT (#8752), Palliative Care: TB/HIV and HBHC (#9069) and (#8863) and ARV services (#8792) expanding HIV prevention in care and treatment settings.

Activity Narrative:

5. POPULATIONS BEING TARGETED

This activity directly targets the general population as well as youth and their parents, as well as at-risk groups to support increased positive communication and increased use of services. Secondary targets are groups that serve youth, as these groups will be supported to better serve their constituencies using approaches and messages based on state-of-the-art knowledge and approaches. Strategies to improve the use of services will target policy makers as well as the general population, Ministry of Health staff working as program managers in the DRH at provincial and district level, and local community leaders.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses stigma reduction associated with being affected by HIV/AIDS, increase gender equity in programming through the delivery of key messages.

7. EMPHASIS AREAS

Major emphasis addressed in this activity is community mobilization/participation and minor emphasis on development of network/linkages/referral systems, training and linkages with other sectors.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8932

Related Activity: 14862, 14864, 14865, 14866, 14868, 14861, 14867

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20604	8932.20604. 09	U.S. Agency for International Development	JHPIEGO	9088	4914.09	APHIA II - Eastern	\$1,479,335
8932	8932.07	U.S. Agency for International Development	JHPIEGO	4914	4914.07	APHIA II - Eastern	\$976,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14861	8752.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,300,000
14862	8725.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$2,300,000
14864	8863.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$700,000
14865	9069.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$300,000
14866	9041.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$5,500,000
14867	8782.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,200,000
14868	8792.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,700,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** Pre-Service Training

Local Organization Capacity Building

Workplace Programs

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	100	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,000	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

Teachers

Coverage Areas

Eastern

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 210.08

Prime Partner: Kenya Medical Research Institute

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 4094.08

Activity System ID: 14877

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Condoms and Other Prevention Activities Program Area Code: 05

Planned Funds: \$703,500

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only change to the program since approval in the 2007 COP is:

+ KEMRI will work closely with NASCOP, the Nyanza Circumcision Consortium, IRDO, and other partners to deliver a package of MC services in Nyanza Province. KEMRI's service delivery work will involve both Facility and Mobile approaches to MC service delivery, particularly within the existing Demographic Surveillance Study (DSS) area in Nyanza Province. Services will target consenting HIV-uninfected men at high risk of HIV acquisition, including HIV-negative members of discordant couples, with OP messages. This service delivery of MC complements the PEPFAR PHE evaluating MC uptake and coverage and the added value of mobile approaches to MC service delivery. Through this activity, KEMRI will add 10 more condom outlets, reach 15,000 people with OP messages and train 40 providers in OP message delivery.

1. LIST OF RELATED ACTIVITIES

This activity relates to Abstinence and Be Faithful Program (#6903) and to the Condoms and Other Prevention Activity (#6904).

2. ACTIVITY DESCRIPTION

The Kenya Medical Research Institute, through its collaboration with CDC, will participate in a study of youth interventions conducted by the Institute of Tropical Medicine (ITM) in the Asembo and Gem areas of Nyanza Province, which has the highest HIV prevalence rates in the country. KEMRI and CDC have had a long collaboration in Nyanza Province and KEMRI implements activities through a cooperative agreement from CDC Atlanta. Although most of the activities for this youth intervention are implemented by ITM, and are described in that entry, KEMRI is also actively involved in the study, primarily through the hiring of local staff and to support some of the local implementation of the project. In 2008, 21,000 individuals will be reached with targeted HIV prevention messages. 40 individuals will be trained in OP message delivery. 20 condom outlets will be established. This comprehensive youth intervention study includes the following OP activities. One activity being conducted by ITM is the adaptation and implementation of a safer sex curriculum targeting youth aged 13 to17 years old. "Healthy choices for a better future" is an adaptation of "Making Proud Choices", a curriculum that was selected by CDC as an effective intervention. The curriculum is currently going through the final stages of adaptation and will be pilot tested in the coming weeks. ITM is also developing a proposal to evaluate this curriculum. Staff hired by KEMRI will be involved in the assessment and implementation of this curriculum. In addition, prevention activities are organized throughout the year at schools and in the community in close participation with local youth committees and volunteers. Efforts to change the social norms which contribute to the high risk for young girls in this part of Kenya are part of this intervention. The project has also found that the lack of skills and employment opportunities contributes to high risk behavior among girls, so one aspect of the project is the provision of vocational skills and opportunities for income generating activities for these youth.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This project will contribute to the Kenya's Five-Year Strategy which focuses on HIV prevention in youth, as the primary target group is young people, including adolescents aged 13 to 17 years. 21,000 young people will be reached with this intervention and 20 condom outlets will be established. 40 individuals will be trained in OP message delivery.

4. LINKS TO OTHER ACTIVITIES

This activity will be very closely linked to AB activities implemented by the Institute of Tropical Medicine (#6903) and to the OP activities being implemented by ITM (#6904) in Nyanza province.

5. POPULATIONS BEING TARGETED

The primary population being targeted is rural youth, including both in-school and out-of-school youth. Ages of youth targeted range from 10 to the early 20's. Different, age appropriate curricula are used with these groups. In addition, their parents and community and religious leaders and volunteers are targeted by the project. Teachers and rural communities are also targeted as well as adults through adult involvement. It also targets People Living with HIV/AIDS.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This project will have a strong gender component, including addressing male norms and behaviors, focusing on reducing violence and coercion and increasing gender equity in HIV/AIDS programs. Through its' livelihoods project, it will increase women's access to income and productive resources.

7. EMPHASIS AREAS

The primary emphasis area is community mobilization to change social norms which encourage early sexual debut. Another emphasis is Human resources, as the project has a large staff needed to implement and assess the impact of these interventions. IEC activities to educate the youth and their parents about abstinence and faithfulness as well as conducting needs assessment are also important areas in this project.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6948

Related Activity: 14876, 14833, 14834, 14933, 14823

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6948	4094.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	4246	210.07		\$125,000
4094	4094.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3201	210.06		\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14833	4217.08	6954	443.08		Institute of Tropical Medicine	\$705,000
14876	4089.08	6964	210.08		Kenya Medical Research Institute	\$641,500
14823	6583.08	6952	692.08		Impact Research and Development Organization	\$3,072,500
14933	4228.08	6981	3465.08		National AIDS & STD Control Program	\$90,000
14834	4852.08	6954	443.08		Institute of Tropical Medicine	\$445,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Male circumcision

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	20	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	21,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	40	False

Target Populations

General population
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Discordant Couples
People Living with HIV / AIDS
Religious Leaders
Teachers

Coverage Areas

Nyanza

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 323.08	Mechanism: N/A
Prime Partner: Kenya AIDS NGO Consortium	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 4153.08	Planned Funds: \$587,500
Activity System ID: 14873	

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

+ FY07 PLUS UP ADDITIONS: This plus-up will support an expansion of existing 2007 COP activities. The current prevention activities of the Kenya AIDS NGOs Consortium (KANCO)'s Ray Project work among populations at high risk including migrant workers, long-distance truckers, farm and industry workers, khat traders and young people out of school in underserved slum locations. The project will strengthen interventions on CSWs and MSMs within these regions through targeted sexual risk reduction activities including providing prevention education to CSWs and their clients as well as MSMs in these areas. KANCO will train peer educators, provide functional linkages and referrals to both counseling and testing services and to care and treatment provided through its night VCT mobile outreach activities and its regular community education.

+ \$100,000 of this activity is programmed with funds from the \$7 million FY 2008 plus up for the Healthy Youth Programs Initiative.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful Programs (#6939) and Counseling and Testing (#8748).

2. ACTIVITY DESCRIPTION

The Kenya AIDS NGOs Consortium (KANCO) will target 45,000 high-risk individuals with safer sex interventions including condom promotion and train 300 people to deliver these interventions. 50 condom outlets will be established. It will continue working through a network model of six partners to provide HIV sexual transmission prevention education to youth and young adults. These partners include Kibera Community Self Help Project, the National Organization of Peer Educators, Kenya Medical Association, Maendeleo ya Wanawake Association and Community Capacity Building Initiative who work collaboratively to implement the RAY (Responding to AIDS among youth) project. Each partner will continue implementing program elements in which they have specialized skills based on their best practice to provide HIV prevention education and condom promotion to youth and young adults in potentially high-risk areas of Mlolongo, Ongata Rongai, Thika and selected sites in Embu and Kilifi. The RAY project provides condoms and targeted other prevention services to high risk populations through intensified community education to youth out of schools and in underserved locations such as upcoming slums which host migrant populations. Condoms and other behavioral interventions will be provided at hotspots along the Mombasa highway at Mlolongo near Nairobi and among quarry, transport and jua kali (small scale business) workers in Ongata Rongai. Additional sites for expanded programs will continue to be identified adjacent to existing project sites. Most importantly, KANCO's RAY project will provide targeted interventions for Positive Prevention through multiple behavioral interventions for individuals with HIV. Adolescent girls and women who test positive through the CT activity will be referred for reproductive health services to help prevent unintended pregnancies. RAY will provide linkages to STI treatment and particularly focus on STI screening and treatment for individuals with HIV and their partners. It will promote leadership by individuals with HIV in the positive prevention campaign. The RAY project's monitoring and evaluation system will be improved and targeted information, education and communication materials will be developed and distributed through existing youth resource centers. Significant changes from 2006 to 2007 in this activity will be that RAY will initiate activities that address alcohol and drug abuse as an important determinant in reducing HIV sexual risk behavior. It will undertake to work with the estimated 60 bars in Mlolongo and Ongata Ronagi with targeted alcohol and HIV risk reduction messages. Quarry workers, usually being migrant workers in the building industry and truckers among others will receive targeted risk reduction messages including an intensified campaign on correct and consistent condom use. The project will also ensure referrals and follow up for ART and basic care and treatment for opportunistic infections.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

KANCO's RAY project will reach 45,000 at risk youth and adults, particularly individuals with HIV in its' project sites. It will train 50 peer educators, 100 bar workers on alcohol abuse and other essential gatekeepers in the quarry settlements, transport and small-trade sectors. 100 youth will be trained in theatre skills particularly among the out of school youth population and linkages will be established with at least 10 health providers to serve youth in STI treatment and referrals for care and treatment. 50 condom outlets will be established. There will be increased access to HIV behavior change information through its existing resource centers. KANCO will target serving high-risk youth populations including among the fishing and beach communities, long-distant truckers' stops, slum population and other urban youth. These efforts will contribute to promoting HIV preventive behaviors among youth as well as increase access to HIV/AIDS prevention services for high risk and underserved populations, including improved provision of STI services particularly among individuals with HIV and their partners.

4. LINKS TO OTHER ACTIVITIES

KANCO's OP activities relate to activities in KANCO AB activity (#6939) and CT (#8748). This project will establish essential linkages with 10 health care providers for specialized and youth friendly STI treatment, opportunistic infections and where necessary ART care. Services will be integrated with existing community structures such as youth groups, faith communities and parents associations. The Kenya Medical Association will particularly develop linkages with health care providers to improve access to adolescent care and treatment services for HIV people identified through the program.

5. POPULATIONS BEING TARGETED

This activity will target adult men and women of reproductive age including secondary school and university students. It will also work with people living with HIV/AIDS, HIV/AIDS affected families and widows/widowers. It will involve community based organizations and faith based organizations as well as NGOs. It will target most at risk populations including truckers, commercial sex workers, men who have sex with men, partners, clients of CSWs with a particular focus on trucking hotspots. It will work also with out of school youth in slums an peri-urban locations. It will target bar workers and brothel owners in beer hot spots and mobile populations working in quarries and large agricultural farms and industrial firms. KANCO will continue working with volunteers and community, program and religious leaders. It will work with rural populations in selected sites. Alongside involving teachers in its AB programs, this activity will also work with teachers for other prevention education. Nurses from the private and public sector will be a target especially for STI treatment.

Activity Narrative:

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender equity in HIV/AIDS programs and will particularly enhance youth participation in its programs. It will address male norms and behaviors and reduction of violence and coercion as well as stigma and discrimination. Out of school youth and CSWs will be assisted to increase their access to income and productive resources through the youth crafts and other initiatives.

7. EMPHASIS AREAS

Major emphasis will be community mobilization/participation. Minor emphasis will include development of network and referral systems particularly youth HIV care referral networks. Through its resource centers, KANCO will provide information, Education and Communication strategies and training to its project partners and community volunteers. KANCO's main role in the partnership is Quality assurance, quality improvement and supportive supervision. Human resource will also be a minor emphasis as KANCO employs a modest number of staff.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6938

Related Activity: 14872, 14874

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20616	4153.20616. 09	HHS/Centers for Disease Control & Prevention	Kenya AIDS NGO Consortium	9092	323.09		\$746,125
6938	4153.07	HHS/Centers for Disease Control & Prevention	Kenya AIDS NGO Consortium	4245	323.07		\$325,000
4153	4153.06	HHS/Centers for Disease Control & Prevention	Kenya AIDS NGO Consortium	3227	323.06		\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14872	5132.08	6963	323.08		Kenya AIDS NGO Consortium	\$437,500
14874	8748.08	6963	323.08		Kenya AIDS NGO Consortium	\$200,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	50	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	45,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	300	False

Indirect Targets

Target Populations

Religious Leaders

General population
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Special populations
Most at risk populations
Men who have sex with men
Most at risk populations
Street youth
Most at risk populations
Non-injecting Drug Users (includes alcohol use)
Most at risk populations
Persons in Prostitution
Other
People Living with HIV / AIDS

Coverage Areas

Central

Nairobi

Eastern

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1244.08

Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 4254.08

Activity System ID: 14894

Mechanism:Kenya Department of DefenseUSG Agency:Department of DefenseProgram Area:Condoms and Other
Prevention ActivitiesProgram Area Code:05Planned Funds:\$75,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in Counseling and Testing (#6957), Abstinence and Being Faithful (#6966), and Prevention of Mother-to-Child Transmission (#6959).

2. ACTIVITY DESCRIPTION

The Kenya military recruits 2,500 young men and women in the age group 18 to 24 years old annually. This group is highly vulnerable to HIV infection and other STIs as well. This activity aims to strengthen HIV prevention in the Kenya Ministry of Defense (KDOD) and has three components. The first component will include activities geared to promote prevention of HIV and STIs by focusing on training health care workers in integrating HIV prevention in their STI diagnosis and treatment. In addition, in FY 2008, KDOD will train 30 individuals to promote HIV/AIDS prevention through behavior change messages that will be disseminated through seminars and workshops targeting 5,000 military personnel, their dependants and civilian personnel working in the military. Special forums targeting commercial sex workers (CSWs) with condoms and other prevention (COP) messages will be implemented in three geographic areas within Kenya, specifically Gilgil, Nanyuki and Mombasa, all of which are known to have a high concentration of CSWs due to their position on the major transport corridor through the country. Although STI basic care will be offered in all the military medical facilities, the program will concentrate on four military regions with a high population density which includes Thika, Kahawa, Embakasi and Moi Air Base. Liaisons will be developed between the KDOD and National AIDS and STI Control Program (NASCOP) to ensure high quality care and training in STI and HIV prevention and education for KDOD health personnel assigned at the military health facilities. The second component of the KDOD COP program will involve activities to promote correct and consistent use of condoms among the military personnel. Measures will be put in place to ensure availability of condoms in all the military stations country-wide by maintaining 50 condom outlets throughout the military communities. Regular monitoring of condom uptake by military personnel will be done on a monthly basis. The final component in FY 2008 will focus on the young recruits entering the military. Though this group is being targeted through the youth focused program referred to as "Men as Partners in Prevention" (MAPP) under the AB program area, this funding will support condom education and promotion as a supplement to the AB program activities in order to provide a comprehensive prevention program. This activity also intends to incorporate scaling-up of command involvement and support in promoting behavior change activities by conducting regular trainings and organizing seminars/workshops for the military personnel under their respective commands in order to ensure consistent and correct messages regarding prevention.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

KDOD services targeting 5,000 people will contribute to the FY 2008 prevention targets for Kenya among at -risk adult populations. This activity contributes to Kenya's 5-year strategy of reducing the risk of HIV transmission among high risk occupational settings by promoting the knowledge of correct and consistent condom use among this high-risk group as well as STI education/prevention. The KDOD will integrate their OP program with other sexual transmitted infection (STI) clinics and reproductive health clinics at the various military health facilities.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to KEMRI-KDOD counseling and testing (CT) (#6957) and prevention of mother-tochild HIV transmission (PMTCT) (#6959). This OP activity is also linked to KEMRI-KDOD AB activity (#6966) by partnering with other prevention activities that promote a comprehensive approach to prevention for the military population.

5. POPULATIONS BEING TARGETED

The KDOD OP activity will reach the most at-risk population by targeting the military personnel and their dependants as well as CSWs that live adjacent to four barracks in Kenya. It will also reach the civilian population working in the barracks and the general population living in the neighborhoods of the barracks. The program intends to capture all STI cases and offer comprehensive treatment to those infected as well as provide them prevention messages as part of their STI treatment.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address the issues of male norms and behaviors which promotes HIV risk behavior, especially in this high-risk community of the military. These activities will challenge traditional male norms that have been identified as contributing to sexual coercion and multiple sexual partners. The KDOD OP program will also address stigma and discrimination that often is a significant obstacle to routine CT services and the use of condoms.

7. EMPHASIS AREAS

The major emphasis area for this workplace program will be community mobilization/participation in order to ensure that military personnel receive quality and specific prevention programs. Other emphasis areas will be information, education and communication in order to de-stigmatize treatment for STIs as well as the development of network/linkages/referral systems with other prevention activities. These areas will assist in the systems integration approach that will successfully link information with behavior change. Training will comprise another key emphasis area, and this will all be developed within the military work place program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6962

Related Activity: 14893, 14895, 14898, 14899

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20588	4254.20588. 09	Department of Defense	Henry M. Jackson Foundation Medical Research International, Inc.	9086	1244.09	Kenya Department of Defense	\$100,000
6962	4254.07	Department of Defense	Kenya Medical Research Institute	4248	1244.07	Kenya Department of Defense	\$100,000
4254	4254.06	Department of Defense	Kenya Medical Research Institute	3262	1244.06	Kenya Department of Defense	\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14893	5272.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$175,000
14895	4252.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$100,000
14898	4249.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$120,000
14899	4250.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$1,150,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	50	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30	False

Indirect Targets

Target Populations	
General population	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Special populations	
Most at risk populations	
Military Populations	
Other	
Civilian Populations (only if the activity is DOD)	
Discordant Couples	
People Living with HIV / AIDS	

Table 3.3.05: Activities by Funding Mechansim

Funding Source: GHCS (State)

USG Agency: U.S. Agency for International Development Program Area: Condoms and Other

Prevention Activities

Budget Code: HVOP

Activity ID: 5006.08

000.00

Planned Funds: \$2,000,000

Program Area Code: 05

Activity System ID: 14982

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

+ HCM will develop at least 2 mass media campaigns that address high risk behavior such as alcohol abuse and trusted partner and condom use. HCM will develop interpersonal communication activities that will reach 500,000 individuals and train 1,000 individuals in HIV prevention activities.

- + HCM will continue promotion of male circumcision as an effective preventive intervention.
- + HCM will also spend \$200,000 to implement the "Healthy Youth Programs Initiative" also known as Hype.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Being Faithful (#8950), (#8725), (#8731), (#9070), (#9074), (#8994), (#8989), Condoms and Other Prevention Activities (#8930), (#8932), (#8874), (#9040), (#8937), (#8927), (#8942), Counseling and Testing (#8781), (#8782), (#8976), (#8776), (#8778), (#8777), (#8760), and Prevention of Mother-to-Child Transmission (#8764), (#8752), (#8729), (#8733), (#7087), (#8738), (#8734). It also relates to HIV/AIDS Treatment: ARV Services (#6899) and HIV/AIDS Treatment: ARV Drugs (#6969).

2. ACTIVITY DESCRIPTION

In 2008 HCM will develop at least 2 mass media campaigns that address high risk behavior such as alcohol abuse and trusted partner and promote condom use. HCM will develop interpersonal communication activities that will reach 600,000 individuals, train 1,500 individuals in HIV prevention activities, and distribute condoms through 40,000 outlets. Health Communication and Marketing (HCM) is an integrated project, focused primarily (at least 75%) on HIV/AIDS prevention care and treatment in support of other PEPFAR activities in Kenya. The purpose of the HCM award is to improve health outcomes through increased prevention and other healthy behaviors. This will be done through marketing and communications activities within the health sector. This activity will also build the sustainability of local organizations to do this work. The objectives of this activity in HIV/AIDS are to 1) Improve the preventive behaviors of Kenyans related to HIV/AIDS, in particular increasing the percent of men and women aged 15 to 24 abstaining from sex, promoting fidelity, partner reduction, the correct and consistent use of condoms in high-risk sexual encounters, and the percent of men and women going for voluntary counseling and testing (VCT) and receiving their test results (the "ABC" approach); 2) Improve service utilization rates for VCT, and prevention of mother to child transmission (PMTCT) of HIV. This includes increasing the percentage of pregnant women who access PMTCT services, including VCT, and increasing the number of Kenvans who use VCT services and receive their test results; 3) Build the capacity of local institution(s) in Kenya's commercial, non -governmental, and/or faith-based sectors by working in collaboration with them to develop and manage a cost-effective marketing, sales, and distribution network that improves availability and access by key populations to products related to HIV/AIDS; develop and manage a communications initiative to increase knowledge and change behavior of Kenyans with respect to HIV/AIDS including interpersonal communication: and develop the management and technical capacity of these organizations to manage and implement social marketing and communications programs. The awardee will support 35,000 condom outlets nationwide, e.g. in hotels, kiosks, bars and other public places.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY 2007, in OP, this partner will develop and disseminate communication messages/materials on condoms and other prevention targeting over-14 year old youth and high-risk populations. It will also promote messages on abstinence and the importance of faithfulness within marriage to approximately 500,000 members of the target population. This activity will generate demand for information about condoms and other prevention interventions, however as there will not be outreach activities, these targets do not apply.

4. LINKS TO OTHER ACTIVITIES

The Health Communications and Marketing project is a national level activity that will enforce messages through mass media and interpersonal communication developed in collaboration with projects working at the regional level. These projects will "feed into" the development of population-specific messages which will strengthen peer education interventions implemented on the ground. Approximately 1,000 people will be trained to disseminate behavior change messages.

5. POPULATIONS BEING TARGETED

OP messages will primarily focus on over 14 year olds, adults and high-risk populations such as substanceabusers and street youth.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Messages developed will address gender norms and behavior, stigma and discrimination.

7. EMPHASIS AREAS

HCM is primarily a communications activity focusing on the development of information, education and communication. However, they will also mobilize communities through interpersonal communication, make linkages with other sectors for message development (e.g. CT, PMTCT), and train individuals in message development and communication.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7051

Related Activity: 14979, 14980, 14981, 14983, 14985

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20096	5006.20096. 09	U.S. Agency for International Development	Population Services International	8965	3588.09	APHIA II - Health Communication & Marketing	\$1,875,809
7051	5006.07	U.S. Agency for International Development	Population Services International	4289	3588.07	APHIA II - Health Communication & Marketing	\$1,185,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14979	4994.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$200,000
14980	5090.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$3,100,000
14981	8804.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$240,000
14983	9053.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$400,000
14985	4930.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$2,750,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** Pre-Service Training

Workplace Programs

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	40,000	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	600,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,500	False

Indirect Targets

Target Populations

General population

Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Special populations
Most at risk populations
Street youth
Most at risk populations
Non-injecting Drug Users (includes alcohol use)
Other
Orphans and vulnerable children
Discordant Couples

People Living with HIV / AIDS

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 4921.08

Prime Partner: United Nations High Commissioner for Refugees Mechanism: N/A

USG Agency: Department of State / Population, Refugees, and Migration Budget Code: HVOP

Activity ID: 9235.08

Activity System ID: 15015

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful Programs (#9215), Counseling and Testing (#8980), Palliative Care: Basic Health Care and Support (#8736) and HIV/AIDS Treatment: ARV Services (#8982).

Program Area Code: 05

Planned Funds: \$100,000

2. ACTIVITY DESCRIPTION

The United Nations High Commissioner for Refugees (UNHCR) will provide condoms and targeted other prevention activities to 50,000 high-risk individuals and train 200 people to deliver these interventions at the Dadaab Refugee Camp in North Eastern Province, Kenya. 100 condom outlets, including community-based distributors and Reproductive health community volunteers will serve as distribution points. This activity will aim to strengthen condom promotion through increasing the number of condom outlets. 60 nurses/midwives drawn from all clinics will receive training on safer sexual behavior including correct and consistent condom use. Community based distributors will enhance social marketing of condoms, increase demand and supply. Information, education and communication targeted specific groups will be adapted to local languages. 90 health care providers will be trained on post exposure prophylaxis owing to the high levels of sexual violence. STI refresher training will also be provided. An important focus of this activity will be Positive Prevention. While general prevention education and campaigns will focus on the general population of mainly uninfected individuals, special efforts will be put to the small segment of the population who have HIV and are therefore potentially very high risk individuals in transmitting HIV. Linking up with the counseling and testing activities, Positive Prevention interventions will ensure that there are targeted behavioral interventions for individuals with HIV, that unintended pregnancies are prevented among women with HIV, that there is active STI screening and treatment for individuals with HIV, that there is significant leadership by individuals with HIV in positive prevention and that most importantly, individuals with HIV access care and ART treatment to reduce viral load and reduce the risk of HIV transmission. Dadaab, established in 1991, consists of three settlements (Ifo, Hagadera and Dagahare), and hosts 140,000 Somali refugees and 20,000 Kenyan Somali. Each camp has a hospital and three satellite health centers. Sentinel surveillance activities in 2005 reported a 1.4% HIV seroprevalence among ANC clinic attendees, 1.7% among STI patients, indicating a generalized epidemic and providing estimates of 2300 HIV-infected refugees. UNHCR will work with its three implementing partners, GTZ, National Council of Churches of Kenya (NCCK), and CARE Kenya's Emergency and Refugee Operations (ERO). These partners depend on UNHCR for 80-95% of their Dadaab program funding. Financial constraints have prevented UNHCR to meet the increasing demand for a comprehensive HIV program, and additional funding and technical support are necessary to expand the scope and quality of existing services. Targets are modest because of the extreme remoteness of these areas, logistical camp challenges and the slow start up expected in initiating programs in the first project period. UNHCR will work in close collaboration with CDC and other USG agencies for technical guidance on all Emergency Plan program areas.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to providing comprehensive AB education and life skills to 50,000 at risk individuals, including positive prevention among people with HIV. 200 people will be trained to deliver services. 100 condom outlets will be established.

4. LINKS TO OTHER ACTIVITIES

These activities will link to Abstinence and /Be Faithful UNHCR (#9215) and Counseling and Testing UNHCR (#8980) as younger youth will be served under the AB program, while those requiring counseling and testing will be served under CT. Persons needing care and treatment for opportunistic infections or ART care will be referred to Palliative Care: Basic Health Care and Support (#8736) and Treatment: ARV Services (#8982).

5. POPULATIONS BEING TARGETED

This activity targets adult men and women as well as Special populations including refugees and out of school youth. It also targets program, community and religious leaders, volunteers and teachers. These populations are vulnerable to HIV infection and its impact due to their conflict-affected lives, disintegrated social network and rapid mobility. This program will also work with community and faith based organizations including NGOs and implementing agencies. It will serve rural host communities of the North Eastern Kenya.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues including increasing gender equity in HIV/AIDS programs, addressing male norms and behavior and reducing violence and coercion, especially among young refugee girls and women. These activities will help address stigma and discrimination among the refugees and host population.

7. EMPHASIS AREAS

This activity includes major emphasis in community mobilization and minor emphases on human resources, information education and communication, and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9235

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22726	9235.22726. 09	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	9776	9776.09		\$138,240
9235	9235.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	4921	4921.07		\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15014	9215.08	7009	4921.08		United Nations High Commissioner for Refugees	\$200,000
15016	8736.08	7009	4921.08		United Nations High Commissioner for Refugees	\$100,000
16387	16387.08	7009	4921.08		United Nations High Commissioner for Refugees	\$200,000
15017	8980.08	7009	4921.08		United Nations High Commissioner for Refugees	\$200,000
15018	8982.08	7009	4921.08		United Nations High Commissioner for Refugees	\$50,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	100	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200	False

Indirect Targets

General population	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
People Living with HIV / AIDS	
Refugees/Internally Displaced Persons	
Religious Leaders	
Teachers	

Coverage Areas

North Eastern

Mechanism ID: 448.08 Mechanism: N/A Prime Partner: Population Council Funding Source: GHCS (State) Budget Code: HVOP

Planned Funds: \$353,000

USG Agency: HHS/Centers for Disease **Control & Prevention** Program Area: Condoms and Other **Prevention Activities**

Program Area Code: 05

Activity ID: 6582.08

Activity System ID: 14976

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

+ Geographic coverage has been revised (or expanded) to include Thika and Nyeri;

+ The target population has been revised (or expanded) to include men who have sex with men; extremely vulnerable girls and young women in urban areas;

+ Other changes include: 1) programmatic assessments of MSM populations in regional towns of Thika and Nveri, where HIV prevalence is considerable and where the FOY program has a network of collaborating service providers and outreach workers. 2) a programmatic assessment will be conducted in low income and slum areas of Nairobi, where little MSM work has been undertaken but where transactional same sex interactions are likely. Findings from the assessments will identify patterns of MSM behavior in regional town and cities, inform context-appropriate programs, and provide direction for further surveillance surveys among this population. Based on results from the assessments in three urban sites, the Council will work collaborating service providers to make existing services responsive to the needs of MSM. 3) sensitization of providers to the HIV prevention and RH needs of MSM and working with Liverpool VCT-who have developed MSM services in Nairobi-to train providers. The Council will monitor and document the experience of strengthening existing service providers in urban areas to meet the needs of MSM. Documentation will include monitoring of performance, post training interviews with service providers and interviews with clients. 4)Also, during the coming year, the Friends of Youth program will increase its focus on the most vulnerable subsets of adolescent girls and young women, and will conduct exploratory program assessments on non-formal transactional sex among girls and young women in urban areas, leading to programmatic content addressing transactional sex.

+ FY 2007 PLUS UP ADDITIONS: This plus-up will support the expansion of activities currently supported as per the 2007 COP. Population Council's Friends of Youth (FOY) project will expand the scope of working with high-risk youth with prevention interventions in its five major locations - Nyeri, Nyahururu, Thika, Huruma/Mathare and Embu. The FOY project will target high-risk behaviors among youth in the said locations to include working with youth in post-test clubs, youth groups with community education activities, youth living on the streets and other young people engaged in high-risk behavior. This activity will also allow increased support to the Family Health Options Kenya who facilitates increasing access to STI treatment through a coupon referral system to local health providers. This activity will be closely linked with counseling and testing and will target mobilizing young people with high-risk behaviors to improve prevention of HIV transmission through self and partner testing.

+ \$100,000 of this activity is programmed with funds from the \$7 million FY 2008 plus up for the Healthy Youth Programs Initiative.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful Programs (#7026) and Counseling and Testing (#8753).

2. ACTIVITY DESCRIPTION

Population Council's (PC) 'Friends of Youth' (FOY) Project working in partnership with the Family Health Options Kenya (FHOK) will reach 30,000 youth with condoms and other prevention education and services. It will train an additional 75 FOYs. It will expand its scope of the Friends of Youth (FOYs) to include using the adult mentors (FOYs) to reach sexually active and at-risk youth education and service that focus on sexual risk reduction. The effectiveness of the FOY activity in achieving behavior change for youth through close adult mentorship has been evaluated for effectiveness and shown to result in adoption of safer sexual behavior and is now being scaled up to previous control sites and other feasible areas. The program links youth with a trained adult mentor at village level. The program will work with the existing 100 FOYs who will use participatory approaches to involve youth in risk-reduction education, including condom promotion and distribution. The project will therefore identify and target sexually active youth and other high-risk groups within their target locations. They will increase support to STI treatment for youth by linking them to service providers through an established coupon system that offers youth a significantly subsidized treatment cost and hence eliminates the cost barrier to treatment. STI screening and treatment for individuals with HIV will be intensified. It will also provide reproductive health information for young women testing positive to prevent unintended pregnancies. Referral systems to HIV care and treatment services, including ART will be improved to reduce viral load and the risk of HIV transmission. In addition, behavioral interventions targeting individuals with HIV will be developed to help reduce the risk of transmission. These and other efforts will ensure that Positive Prevention is a key focus among this high-risk group. Additionally, the FOY project will provide update trainings for 200 youth in participatory theatre to enhance their involvement in community HIV education activities. The project content will be further enriched to include intensified education on alcohol and substance abuse. The project will expand its activities to the Embu municipality, which bears close proximity to Nyeri and shares similar cultural practices upon which the project is developed. Data management will be strengthened through establishing more effective linkages with other service delivery partners. An important addition to the project will be establishing linkages for adolescent care and treatment in both private and public heath care facilities. PC has done extensive work on effective youth interventions and this project will scale up a successful youth-adult behavior change model in selected urban areas in Kenya. This activity also includes support to the Family Health Options Kenya for activities integral to the program for an amount of US\$50,000.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

During the 2007 project period, a total of 30,000 individuals will be reached with an intensive curriculumbased life skills training program through an additional 75 FOYS/ adult mentors trained. 40 condom outlets will be established.

4. LINKS TO OTHER ACTIVITIES

This activity relates to PC-FOY other program areas: FOY AB activities (#7026) will contribute to achievement of targets in this program activity and CT activity (#8753). PC-FOY will continue strengthening the referral system that encourages youth to adopt good health-seeking behavior for STIs and subsequently care as need may be. Linkages will be established with public health care facilities to supplement current linkages that exist with private health service providers.

5. POPULATIONS BEING TARGETED

This activity will target young men and women of reproductive age as well as out-of-school youth and

Activity Narrative: partners/clients of CSWs. It will continue to identify community leaders who will be instrumental in the recruitment of friends of youth. Religious leaders will be actively involved in this activity and the trusted adults selected will serve in a volunteer capacity and continue to receive only a minimal honorarium and occasional incentives such as training. Linkages will be established with health care providers in both the private and public sector, particularly nurses. Support from community-based organizations mainly at sub-locational level will continue to be enlisted to ensure that both parents and youth continue to be supportive of this condoms and other prevention activity.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender issues by increasing gender equity in its HIV/AIDS programs and will continue to address male norms and behaviors, particularly ensuring that there is a greater involvement of male youth in condoms and other prevention campaigns. It will also work at reducing violence and coercion through reinforcing desirable behavior in its life skills training. Stigma and discrimination will be addressed through all program activities.

7. EMPHASIS AREAS

Major emphasis will be on human resource. Minor emphasis will be made on community mobilization and participation as well as on Information, Education and Communication. Linkages with other sectors, especially the health sector and the development of referral systems will be enhanced. Training of FOYs and youth will be other minor emphases.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7027

Related Activity: 14975, 14977

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20167	6582.20167. 09	HHS/Centers for Disease Control & Prevention	Population Council	8982	448.09		\$488,164
7027	6582.07	HHS/Centers for Disease Control & Prevention	Population Council	4275	448.07		\$260,000
6582	6582.06	HHS/Centers for Disease Control & Prevention	Population Council	3249	448.06		\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14975	4218.08	6992	448.08		Population Council	\$557,000
14977	8753.08	6992	448.08		Population Council	\$50,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	40	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	75	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Religious Leaders

Coverage Areas			
Central			
Nairobi			
Eastern			

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 182.08

Prime Partner: Population Council

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 9052.08

Activity System ID: 14969

Mechanism: Horizons

USG Agency: U.S. Agency for International Development Program Area: Condoms and Other

Prevention Activities

Program Area Code: 05

Planned Funds: \$100,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are: + In 2007 this was funded as a targeted evaluation in HVOP at \$150,000

1. LIST OF RELATED ACTIVITIES

This activity relates to Population Council HVAB activity working with the same target population and the AED Capable Partners HVOP activities with substance-abusers. In 2008 an application will be submitted by Support for Addictions Prevention and Treatment in Africa Trust (SAPTA Centre) for assistance under the New Partner Initiative. The conclusions of this study will feed into all the provincial APHIA II prevention activities with substance-abusing populations. The activity will implement alcohol and drug treatment programs for out-of-school youth in three informal settlement areas within Nairobi and possibly one in Mombasa.

2. ACTIVITY DESCRIPTION

This activity began as a baseline evaluation funded under Targeted Evaluations in 2007. The Population Council, working in partnership with the SAPTA Centre will assess the alcohol risk behavior of urban slumdwelling adolescents in Nairobi and possibly Mombasa. A baseline survey, to be implemented in early 2008, will serve as a basis on which interventions aimed at alcohol risk reduction among slum-dwelling youth can be implemented, with a view towards linking youth with CT and/or ART resources. The assessment will be in the form of a quantitative survey with about 1.000 slum-dwelling males and females in 4-5 informal settlements in Nairobi, and about 500 of their counterparts in Mombasa. The baseline evaluation will be conducted among primarily out-of-school youth in the informal settlements of Kibera, Kangemi, and Mukuru slums of Nairobi, and possibly an additional area in Mombasa. The justification for focusing on out-of-school youth is based on previous studies which have found that out-of-school youth in Kenya are at a markedly higher risk of engaging in both risky sexual behavior and alcohol and drug consumption. The baseline evaluation is to collect information on demographic and social characteristics, sexual behavior, and alcohol and drug use. Upon completion of the baseline survey, and upon receipt of intervention funding, SAPTA Centre will implement intervention activities under separate 2008 COP funding. The intervention will include training peer educators in HIV prevention, as well as the implementation of ICE activities including poster distribution and video den education sessions. Key intervention activities will also include identifying (via baseline survey activities) youth who are in need of alcohol and/or drug treatment referrals, and enroll these youth in treatment programs to be implemented via partners in the slum areas. Other prevention activities will also be implemented focusing on non-drinking youth to prevent underage drinking, and other harm reduction strategies. During 2008 the Population Council will implement a follow-up survey to evaluate the intervention.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

During the 2008 project period, a total of 1,500 youth will be identified, interviewed, and assessed for alcohol and drug abuse.

4. LINKS TO OTHER ACTIVITIES

This activity relates to AED Capable Partners' work with substance abusers, including the SAPTA project, and possibly APHIA II Coast if they need to expand activities to Mombasa.

5. POPULATIONS BEING TARGETED

This activity will target young men and women of reproductive age, primarily out-of-school in three informal settlement areas of Nairobi. Linkages will be established with health care providers in both the private and public sector providing HIV-related services in these areas.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address youth issues by increasing awareness of underage alcohol and drug use, and the interaction of substance use with risky sexual behavior.

7. EMPHASIS AREAS

Major emphasis will be on human resources to identify and engage youth in treatment programs, as well as on Information, Education and Communication. Linkages with other sectors, especially the health sector and the development of referral systems will be enhanced. Training of peer educators will also be emphasized.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9052

Related Activity: 14716, 14808

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9052	9052.07	U.S. Agency for International Development	Population Council	4273	182.07	Horizons	\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14808	8930.08	6948	4913.08	APHIA II - Coast	Family Health International	\$1,800,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,500	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	False

Indirect Targets

General population

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Coverage Areas

Coast

Nairobi

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 384.08

Prime Partner: Population Council

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 6580.08

Activity System ID: 14973

Mechanism: Frontiers in Reproductive Health USG Agency: U.S. Agency for International Development Program Area: Condoms and Other Prevention Activities Program Area Code: 05 Planned Funds: \$300,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

- + Geographic coverage has been expanded to reach married adolescents in Rongo and Nyando Districts.
 - + The target population has been expanded to reach 5,000 girls through clubs.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8760), (#6983) and Abstinence and Be Faithful Activities (#8989).

2. ACTIVITY DESCRIPTION

This project is based on previous research in Kisumu showing that married adolescents are at elevated risk of HIV infection over and above their sexually active counterparts. With sites in Rachuonyo and Homa Bay Districts, the project is using media messages through radio spots and drama to raise awareness on the HIV/RH risks associated with early marriage as well as marital transition of HIV and premarital voluntary counseling and testing (VCT). Local leaders, including church leaders, are trained as advocates so that they can pass HIV prevention and reproductive health (RH) messages through their routine activities in the community. In order to reach girls who are already married or girls at risk of early marriage, a local nongovernmental organization (NGO) is training mentors to mobilize girls into clubs and reach them with HIV and RH information and referrals. In addition, young people and couples are referred to existing VCT sites, through a coupon system. In FY 2007, training and media activities will expand with additional radio messages and additional drama groups trained, while other activities continue to be implemented. Over the year, 350,000 people will be reached with radio spots raising awareness on early marriage, HIV, marital transmission and premarital VCT. Additional drama groups will be trained with 30,000 people reached through this approach. Thirty thousand community members will be reached with prevention messages through 110 trained church and civic leaders. One thousand couples will be referred for couples VCT and, of the 30.000 targeted populations reached, 5.000 girls will be reached through clubs. This year will include small-scale monitoring studies, including a study of the coupon subsidy system, as well as documentation of the project. In addition, Population Council field staff will be based in the project sites to monitoring ongoing activities.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The project raises awareness of HIV risk that adolescents face within marriage. Abstinence is promoted by emphasizing that marriage is not a safety zone from HIV-infection, encouraging adolescents and their families to delay marriage. The project promotes faithfulness within marriage and will contribute to preventing HIV transmission between discordant couples.

4. LINKS TO OTHER ACTIVITIES

The project will create demand for VCT services being provided by Liverpool VCT and APHIA II Nyanza and will make links to community activities in AB.

5. POPULATIONS BEING TARGETED

Three hundred and fifty thousand people will be reached with radio spots raising awareness, 30,000 community members will be reached with prevention messages through 110 existing, trained church and civic leaders. One thousand couples will be referred for couples VCT and 5,000 girls will be reached through clubs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Power imbalances in sexual decision-making and the right of women to protect themselves from HIV infection, even within marriage, is emphasized. This activity will work toward increasing women's legal protection and addressing male norms and behaviors. Kenya is a signatory to the Rights of the Child that defines children as below 18 years and considers child marriage a human rights violation.

7. EMPHASIS AREAS

The major emphasis of this activity will be community mobilization/participation in promotion of pre-marital VCT and VCT for newly married couples. Information, education and communication strategies will be used to raise awareness of HIV risks associated with early marriage, including messages conveyed through the radio, through drama, and by community leaders. Community-level married girls clubs will support and empower newly married adolescent girls in their early stages of marriage.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7025

Related Activity:

Continuned Associated Activity Information

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Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism
7025	6580.07	U.S. Agency for International Development	Population Council	4274	384.07	Frontiers in Reproductive Health
6580	6580.06	U.S. Agency for International Development	Population Council	3241	384.06	Frontiers in Reproductive Health
Emphasis A	reas					
ender						
Addressir	ig male norm	s and behaviors				
Increasing	g gender equ	ity in HIV/AIDS pr	ograms			
ocal Organi	zation Capac	ity Building				
Food Suppo	rt					
ublic Priva	te Partnersh	ip				
argets						
Target				Target Value	e Not A	Applicable
5.1 Number o	of targeted co	ondom service out	lets	N/A		True
outreach that	promotes HI	reached through on the second se	n through other	30,000		False
prevention th		trained to promote behavior change b aithful		110		False

General population
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Other
Discordant Couples
Religious Leaders

Coverage Areas

Nyanza

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 4918.08

Prime Partner: Program for Appropriate Technology in Health Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 8927.08

Activity System ID: 14994

Mechanism: APHIA II - Western USG Agency: U.S. Agency for International Development Program Area: Condoms and Other Prevention Activities Program Area Code: 05 Planned Funds: \$1,100,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

+ geographic coverage has been revised to all 14 districts in Western Province

+ OP funds totaling \$29,000 will contribute to the sensitization of teachers as a worksite population linking with AB and OPHS funds for a \$150,000 activity to reach 750 teachers and train 20 more.

+ APHIA II Western will work with select health facilities, police, uniformed services, opinion leaders and others on issues of gender-based violence.

+ APHIA II Western will also expand their activities with CSWs and MSMs in Western.

1. LIST OF RELATED ACTIVITIES

This activity relates to all other program area activities for APHIA II Western-PATH: Abstinence and Be Faithful Programs (#8994), Counseling and Testing (#8777), HIV/AIDS Treatment: ARV Services (#8826), Orphans and Vulnerable Children (#9073), Palliative Care: TB/HIV (#9068), and especially in the areas of Palliative Care: Basic Health Care and Support (#8931) and Prevention of Mother-to-Child Transmission (#8738).

2. ACTIVITY DESCRIPTION

In FY08, APHIA II Western will reach 700,000 individuals with OP messages, train 2,500 people and distribute condoms through 70 condom outlets. Over the past years APHIA II Western has worked in partnership with the community in promoting behavior change beyond abstinence and being faithful as well as demand for HIV/AIDS, RH, TB, MCH, malaria services and gender through multi-prong approaches. In the COP 08 APHIA II Western will continue to promote dialogue and interaction at the community level, including ABC. The approach employs the use of Community Health Workers (CHWs) from the district to the village level. Each CHW conducts a serious of dialogue groups in their community. In COP 08 the number of village CHWs will increase to 4520. The sub-locational Community Health Workers with the responsibility of monitoring the Village CHWs will be 188 in number and each will have a maximum of 10 villages linked to them. The project will strengthen and/or form 1760 VHC in COP 08 from the initial 1380 VHC in the previous years. CHWs will make more than 1.5 million contacts with the dialogue groups. In addition, the health facilities and the CORPS are significant outlets for condom distribution and promotion and it is the responsibility for the Public Health Office and the sub-locational CORP to ensure that the condoms are available in the community and during outreaches. The CHWs are recruited within proximity of the imperative sites to create a referral network between the community and health facilities within the sublocations. The CHWs also play an important role in conducting auxillary activities via community linkages with health facilities and worksites. Family communication will continue to be enhanced through 250 family discussion groups who will promote HIV/AIDS prevention by utilizing other behavior change beyond abstinence and being faithful. These peer family facilitators will reach out to a father, mother and 2 adolescent children in each family. In tandem with the faith based organizations 800 older married women mentors will continue to conduct dialogue groups with young married adolescent women to provide education on HIV/AIDS, reproductive health, family planning and couple counseling and testing. The capacity of women groups will also be strengthened through support of their livelihood with the aim of reducing gender biases and retrogressive cultural norms to enhance their capacity to negotiate for safer sex. APHIA has expanded its prevention activities to reach out to high risk populations such as low-income community women; commercial sex workers, beach communities and transport workers. Men will continue to be targeted through the formal and informal worksite programs. By COP 08, approximately 10 worksites will be identified with 400 worksite peer educators trained to conduct dialogue groups with employees. In COP 08, this program will expand to include 5 more companies and 200 more worksite motivators. APHIA will attempt to target teachers via the worksite program either via teachers unions or learning institutions. Worksites programs will be complemented with materials for worksites on ABC. Further, 192 youth magnet theatre members from 24 theatre troupes will be trained or re-trained in ABC to reach out-of-school youth. The project will continue to facilitate the integration of HIV/AIDS and RH messages in the music festivals that has reached an estimated number of 120,000 young people in primary and secondary schools. APHIA will also establish a gender-based violence program in COP 08. This may include the following type of activities: training of police and local leaders to sensitize and create an improved environment form women to report GBV or rape; making PEP available at health centers; establishing rape hotlines and ensuring psychosocial counseling services are made available. All community work will be complemented by a series of health newsletters and community radio and used as a mechanism of magnifying behavior change and sharing information. In addition, the continued community work will be supported by a BCC Advisory Committee that meets regularly, as well as change teams throughout the region who help guide and solicit improvements in programs, as well as recognize and utilize success stories.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This APHIA Western TBD activity will contribute substantially to the 2007 Emergency Plan risk reduction strategy. This activity also provides significant support to Kenya's 5-year strategy, KNASP 2006-2010, which focuses on primary prevention and calls for attention to the increased vulnerability of women. Through increased access to integrated services with linkages to HIV services, women and other community members will be encouraged to utilize these services. This activity also provides significant support to Kenya Essential Package for Health (KEPH) and National Health Sector Strategic Plan 2005–2010 (NHSSP).

4. LINKS TO OTHER ACTIVITIES

This activity carries forward previously approved 2007 COP activities of APHIA II Western - TBD. The OP activities link to other all other program area activities for APHIA II Western PATH, including AB (#8994), CT (#8777), ARV Services (#8826), OVC (#9073), TB/HIV (#9068), and especially in the areas of HBHC (#8931) and PMTCT (#8738). STI prevention and treatment services form an integral part of PMTCT and palliative care.

5. POPULATIONS BEING TARGETED

This activity targets adults, family planning clients, pregnant women, people living with HIV/AIDS, community leaders, doctors and nurses in both public and private sector, other health care providers namely clinical officers and community-based organizations. It also targets men and women in the work place, male and female sex workers and their partners and clients, and other high-risk populations including truck drivers and out-of-school youth.

Activity Narrative:

6. KEY LEGISLATIVE ISSUES ADDRESSED

The behavior change communication activities for STI and HIV prevention will promote gender equity through partnering with women's organizations in the design and implementation of community activities. The activity will address male norms and behavior including multiple sexual partners through community interventions. It will also address issues of stigma and discrimination.

7. EMPHASIS AREAS

The actual emphasis of this APHIA II Western activity will be elaborated during the CA award but will include community mobilization/participation, training, development of networks and referral systems, and local organization capacity development. Unallocated funds in the amount of \$100,000 will enable APHIA II Western to expand support in HIV prevention and supportive services among high-risk adults including commercial sex workers and their clients and transport workers. Programs will target 20,000 adults with alternatives to sex work as well as protective barriers to HIV transmission, both with commercial partners and steady boyfriends and husbands. They will train 50 peer educators to work with this target population. Plus-up funds in the amount of \$100,000 will enable APHIA II Western to expand support in HIV prevention and supportive services where the incidence of victims of gender-based violence is reportedly high. Through awareness creation, targeted support services integrated with care and support programs, antirape campaigns and education and training for the police in Western province, they will train 50 police, community leaders and womens groups to reach 120,000 people including youth. Further activities targeting high-risk youth will be carried out with \$100,000. Building on the KAHRP project which targeted in-school youth, they will utilize a cross-sectoral approach, collaborating with the Ministries of Youth Affairs, of Home Affairs and of Gender, Sports and Culture. They will target sexually active out-of-school youth in particular, utilizing community theatre and other interventions. They will train another 100 peer educators and community leaders to reach 120,000 high-risk youth.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8927

Related Activity: 14992, 14993, 14995, 14996, 14997, 14998, 14999

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20071	8927.20071. 09	U.S. Agency for International Development	Program for Appropriate Technology in Health	8958	4918.09	APHIA II - Western	\$1,341,045
8927	8927.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	4918	4918.07	APHIA II - Western	\$1,116,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14992	8738.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$2,300,000
14993	8994.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$2,100,000
14995	8931.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$900,000
14996	9068.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$300,000
14997	9073.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$4,400,000
14998	8777.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$1,100,000
14999	8826.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$3,300,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** Pre-Service Training

Local Organization Capacity Building

Workplace Programs

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	70	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	700,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,500	False

Indirect Targets

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Business Community

Discordant Couples

People Living with HIV / AIDS

Teachers

Coverage Areas

Western

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 4917.08

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 8874.08

Activity System ID: 14959

Mechanism: APHIA II - Central

USG Agency: U.S. Agency for International Development Program Area: Condoms and Other Prevention Activities Program Area Code: 05

Planned Funds: \$600,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

+ \$100,000 of this OP activity is programmed with funds from the \$7million FY08 plus-up for the Youth Prevention Initiative

+ OP funds totaling \$58,500 will contribute to the sensitization of teachers as a worksite population linking with AB and OPHS funds for a \$150,000 activity to reach 1,500 teachers and train 40 more.

+APHIA II Nairobi/Central will work with select health facilities, police, uniformed services, opinion leaders and others on issues of gender-based violence.

+ The OP activity will include Prevention with Positives (PwP) activities working through PLWA support groups linked to the Comprehensive care Centers

+ APHIA II Nairobi/Central will also expand their activities with CSWs and MSMs.

+ APHIA II Nairobi/Central will continue work with select health facilities, police, uniformed services, opinion leaders and others on issues of gender-based violence.

1. LIST OF RELATED ACTIVITIES

This activity is linked to Palliative Care: Basic Health Care and Support (#8936), Counseling and Testing (#8976), and Palliative Care: TB/HIV (#9072).

2. ACTIVITY DESCRIPTION

In FY 08, APHIA II Nairobi/Central will reach 350,000 individuals, train 1,000 people and distribute condoms through 25 outlets. This activity will strengthen HIV prevention programs through other behavior change approaches (i.e. all behavior change approaches that do not focus on abstinence and being faithful) under the APHIA II Nairobi/Central Province Project. In FY 2007, Pathfinder and its prevention partners, including PSI, will target youth and adults with behavior change messages that are appropriately adapted to different target groups. Peer education, informal and formal worksite interventions, community outreach by PLWA, mobile VCT, life skills education for youth, high-risk outreach and transport corridor activities will all serve as means through which messages will be conveyed. In particular, the project will capitalize on PSI's experience in targeting informal worksites, market places, and "hot zones" where high-risk behavior is common. Street theater, interactive games, PLWA testimonials, outreach sessions and community mobilization will be used to convey messages that include consistent and correct use of condoms, knowing one's status and knowing your partner's status. APHIA II community level partner capacity for undertaking prevention and behavior change activities will also be strengthened, such that messages can be conveyed widely through implementing partners and undertaking home and community support activities. It is expected that 74,000 individuals will be reached with community HIV/AIDS outreach prevention programs that are focused on more than just abstinence and/or being faithful, while 275 persons will be trained in the same. At the same time, 15 condom outlets will be installed to provide easy access.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the overall 2007 PEPFAR OP targets for Kenya. By specifically focusing on men and youth, this activity will significantly contribute to PEPFAR goals for primary prevention through the integration of prevention into all community outreach for treatment and care.

4. LINKS TO OTHER ACTIVITIES

Support to Prevention/Other Behavior Change will be one component of a package of integrated support at health facility and community levels in the region, holistically addressing HIV prevention, treatment and care. It is specifically linked to palliative care, basic health care (#8936), counseling and testing (#8976), and palliative care, TB/HIV (#9072).

5. POPULATIONS BEING TARGETED

This activity targets both adults and youth, with additional emphasis on worksites to reach men as well as high-risk groups and persons frequenting/working in "hot spots". It will target special populations such as bar maids to improve their HIV risk awareness, their rights as bar maids and how they can protect themselves from acquiring HIV infection. Implementing-Partner counterparts from NGOs, CBOs, FBOs and schools will be targeted for training to implement prevention programs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will be consistent with national policies regarding other prevention and will specifically address gender to improve gender equity in HIV programming as well as address male norms and behavior that often hinder uptake of prevention activities.

7. EMPHASIS AREAS

This activity includes major emphasis on worksites and minor emphases implementing-partner capacity building, linkages with other sectors and initiatives and training. With \$150,000 in plus-up funding APHIA II Nairobi/Central will expand their activities to target 100,000 high-risk youth by training 50 peer educators. HIV prevention activities targeting glue-sniffing youth, a growing IDU population, and other alcohol and substance abusers will be expanded in Nairobi and Central province. With \$250,000 they will focus on HIV prevention with 100,000 male and female sex workers to promote alternatives to commercial sex work as well as protective barriers to prevent HIV transmission, both with commercial partners and steady boyfriends/girlfriends and husbands/wives. To do this they will train 50 adults. In addition they will use \$100,000 to expand support in HIV prevention and supportive services to 20,000 victims of gender-based violence in Nairobi and central province through the Nairobi Womens Hospital and outreach centers and train 20 health workers and community participants.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8874

Related Activity: 14957, 14958, 14962, 14963, 14964, 14965, 14967

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20173	8874.20173. 09	U.S. Agency for International Development	Pathfinder International	8983	4917.09	APHIA II - Central	\$649,595
8874	8874.07	U.S. Agency for International Development	Pathfinder International	4917	4917.07	APHIA II - Central / Nairobi	\$1,050,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14957	8729.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$425,000
14958	8731.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$1,150,000
14967	8755.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$385,000
14962	9072.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$250,000
14963	9056.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$1,650,000
14964	8976.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$750,000
14965	8765.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$1,950,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** Pre-Service Training

Local Organization Capacity Building

Workplace Programs

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	25	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	350,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,000	False

Indirect Targets

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

Teachers

Coverage Areas

Central

Nairobi

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1501.08

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GAP

Budget Code: HVOP

Activity ID: 4300.08

Activity System ID: 15052

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Condoms and Other Prevention Activities Program Area Code: 05

Planned Funds: \$494,800

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS. THIS YEAR'S CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHAI.

The only changes to the program since approval in the 2007 COP are:

+ In FY 08 CDC a new technical advisor FSN position is proposed who can assist the USG team with new approaches to HIV prevention, including male circumcision. This advisor will work with all USG implementing partners across agencies to ensure careful coordination with MOH plans and other donor funding. In line with our '08 OP strategy and our staffing for results approach, CDC technical OP staff will play a lead role in coordinating the multi-agency efforts to develop a comprehensive prevention package for CSWs and for Positive Prevention. CDC Kenya staff will provide an intensive level of technical assistance and programmatic guidance on prevention activities guided by the PEPFAR condoms and other prevention programming. During FY 2008 CDC will reorganize its existing staff in line with staffing for results objectives and to support FY 2008 OP program strategic priorities.

1. LIST OF RELATED ACTIVITIES This activity relates to all activities in Condoms and Other Prevention.

2. ACTIVITY DESCRIPTION In FY 2007 CDC will continue to work with Government of Kenya agencies and non-governmental partners to assist in the implementation of a wide range of HIV prevention services covered under Condoms and Other Prevention. CDC Kenya staff will provide technical assistance and guidance to local partners to ensure the technical soundness of these programs, adherence to Emergency Plan guidelines, and to ensure that these programs receive appropriate monitoring and evaluation. CDC Kenya has a close partnership with the International Rescue Committee to implement OP activities in the Kakuma refugee camp and will provide technical support to the State Department-funded UNHCR for activities in Dadaab refugee camp. The provision of technical guidance is a key element of this partnership. CDC staff will work closely with the Institute of Tropical Medicine (ITM) to ensure the technical and programmatic soundness of the young vulnerable women project in Kisumu. In addition, CDC provides intensive day to day support to over fifteen local FBOs and CBOs through a capacity building project with CHF International. The sub-grantees working in this area serve a broad range of at-risk groups including sugar plantation workers, sex workers, matatu and transport workers and those in the 'jua kali' informal sector. CDC will provide technical guidance in FY 2007 to help partners in this program area focus on Positive Prevention. This important behavioral approach has already been incorporated in the activity narratives for a majority of HVOP CDC partners. A new project to be supported by this mechanism will be one providing behavioral interventions for young men enrolling in the Kisumu male circumcision project (non -PEPFAR funded). The types of activities CDC technical staff engage in include training in workplan development, assistance with monitoring and evaluation plans, training to bring local CBO and NGO staff up to date in technical areas of HIV and AIDS, and other technical services. CDC Kenya staff also provide technical assistance to the non-military uniformed services of Kenya, including the National Youth Service, Kenya Prisons, Kenya Wildlife Service, and the police. The CDC Kenya OP technical team includes one Direct Hire (USDH) who has extensive international experience in implementation of behavioral HIV prevention programs and will provide 5% of time to OP. One locally employed staff works 50% of her time on this program and proposes to add one locally employed technical staff member to share the increasing workload. In addition, CDC Kenya will draw on technical expertise from other CDC prevention experts in Africa and in Atlanta. CDC also supports two local staff through the KEMRI COAG to coordinate the uniformed services project. This team OP team will be supported by two locally employed drivers whose work is devoted to supporting HIV prevention interventions.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7106

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7106	4300.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4303	1501.07		\$250,000
4300	4300.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3292	1501.06		\$200,000

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

Indirect Targets

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	287.08	Mechanism:	N/A
Prime Partner:	University of Manitoba	USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP	Program Area Code:	05
Activity ID:	16808.08	Planned Funds:	\$900,000
Activity System ID:	16808		

Activity Narrative: 1. ACTIVITY DESCRIPTION

The University of Manitoba will facilitate the development and implementation of a comprehensive sex worker prevention package as well as implement a sex worker outreach program (SWOP) in the Central business district of Nairobi and its environs. This package will be used by other USG partners nation-wide to provide a network of comprehensive coverage for sex workers. The University of Manitoba will also provide technical support to other partners implementing sex worker interventions through providing training, practical attachment and supportive supervision in the set up and quality programming assurance in the delivery of sex worker prevention packages. The University of Manitoba will also organize meetings and forums to share information and best practices across a broad range of partners working in the field. The program will reach 250,000 individuals (220,000 male clients and 3000 sex workers) and train at least 500 counselors, health workers and sex worker peer educators. In addition, 50 condom outlets will be established. In many settings, sex workers are frequently exposed to HIV and other sexually transmitted infections (STIs) due to their high-risk sexual behaviors. Commercial sex workers (CSWs) are among the groups with the highest prevalence of HIV due to their high-risk sex, and their limited access (due to stigma, discrimination, and marginalization) to services for HIV prevention, treatment, and care. The high prevalence of HIV in CSWs is a concern both for members of these subpopulations and for the general population, as sexual mixing can facilitate transmission of HIV from high-prevalence to low-prevalence groups. The SWOP project will develop and implement a comprehensive prevention package for women in sex work settings, employing an intensified approach that will help reduce the number of HIV infections that result from commercial and transactional sex as well as restrict the overall spread of HIV from this high risk transmitter core group to the general population. This prevention intervention package is expected to reach at least 250,000 male customers and their partners in Year I with OP interventions. Currently, the sex worker population in the lower socio-economic section of the Nairobi central district (River Road) is highly characterized by an insecure environment and sex worker harassment, low education on health and HIV prevention, and unfriendly health provision services. These have resulted in limited access to counseling and testing, with only 20% of sex workers tested for HIV. The prices of condoms escalate with demand, rendering them often unaffordable. Service delivery points are also fairly scattered. Incorrect condom use including use of Vaseline jelly and use of two or more condoms and self-treatment of STIS are also chronic problems. SWOP will establish a drop-in center within convenient locations of the sex worker network and provide a package of services. This will include normalizing and creating a demand for HIV counseling, testing and routine STI screening among sex workers and promoting safer sexual behaviors thereby preventing and minimizing HIV/AIDS and other sexually transmissible infections. The project will also provide treatment and care services for sexually transmissible infections and provide linkage to its HIV/AIDS Care and Treatment facility. Condom information, provision, demonstration and promotion as well as Sexual and reproductive health services will be provided. Contraception, pregnancy testing and advice will be provided for HIV-positive individuals. Interventions to reduce alcohol and other drugs abuse in STI infections will be provided to sex workers and their partners through the peer educator networks. Assessment and management of general health issues and referrals will be made to friendly sites. This comprehensive prevention package is based on scientific evidence and from the University of Manitoba's long programmatic experience in this area. The intervention may contribute to the overall evaluation the standard set of tools that could assist Kenya to scale up for comprehensive coverage and perhaps some standardization of programs, and may even be used later used by other countries. University of Manitoba has an extensive history of work in Kenya with vulnerable populations including sex workers and a long standing research collaboration with the University of Nairobi. This long-term association has nurtured and created a very trusting environment for patients to visit. University of Manitoba also has a long-standing relationship with a cohort of commercial sex workers and former commercial sex workers in the Majengo area of Nairobi and lately, the central business district of Nairobi's River Road area. Extensive communitybased services have already been established that involve peers as educators and a setting that allows this very vulnerable population to receive health services that they would otherwise be unable to access.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of comprehensive prevention services for sex workers and their clients, strengthened human resource capacity to deliver HIV prevention and STI treatment, and a strengthened referral network for provision of HIV care. The program will reach 250,000 individuals (220,000 male clients and 3000 sex workers) and train at least 500 counselors, health workers and sex worker peer educators. In addition, 50 condom outlets will be established.

3. LINKS TO OTHER ACTIVITIES

These activities link closely to ART services provided by University of Manitoba (#7094), PMTCT services at PMH provided by University of Nairobi (#7097) and to services provided at Kenyatta Hospital, a network center through University of Nairobi.

4. POPULATIONS BEING TARGETED

Patients receiving treatment will include two cohorts of patients identified through US government funded research studies, their families, women seeking antenatal and maternity services, and others in the geographic area. These populations include vulnerable women and children, in particular sex workers and former sex workers who might not otherwise seek/access medical care and who may be high risk to transmission HIV particularly in the absence of appropriate treatment and support. Public health workers will be targeted, mainly doctors, nurses, pharmacists and laboratory workers.

5. EMPHASIS AREAS/KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities. This activity includes minor emphasis in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, information, education, and communication, logistics, and training.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15027

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15027	4136.08	7013	287.08		University of Manitoba	\$800,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	50	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	250,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	500	False

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Special populations	
Most at risk populations	
Street youth	
Most at risk populations	
Non-injecting Drug Users (inclu	udes alcohol use)
Most at risk populations	
Persons in Prostitution	
Other	
Discordant Couples	
People Living with HIV / AIDS	

Coverage Areas

Nairobi

Table 3.3.05: Activities by Funding Mechansim

Mechanism: N/A

Activity ID: 16836.08

Activity System ID: 16836

Activity Narrative: 1. ACTIVITY DESCRIPTION

In response to the Kenya National AIDS Strategic Plan Priority 1, prevention of new infections including targeted focus on Kenyan youth, AIDSRelief will address adolescent reproductive health through promoting education for the boys and girls through Medical Male Circumcision Plus Model (MMC+). This model provides access to medical male circumcision plus adolescent reproductive health and HIV education focused on Kenyan youth and will be implemented within traditionally non-circumcising communities in Nyanza province. MMC+ aims to delay the onset of sexual debut, while promoting abstinence and/or practice of safe sex. Adolescent boys and girls between the ages of 10-14 and 15-24 will be targeted with structured week-long behavior change education classes focusing on adolescent reproductive health and HIV education. Out of the 1,200 boys, an estimated 900 boys will opt for circumcision during this week-long course. Parents will be also be targeted with voluntary counseling and testing services. This initiative will contribute to the reduction of new HIV infections by circumcising 900 boys, as well as through targeted behavior change communication focused on promoting abstinence and delayed sex debut among the youth. The key objective is to provide access to medical male circumcision plus (MMC+) adolescent reproductive health education. AIDSRelief supports scale-up of quality care and treatment services at 21 faith-based local partner treatment facilities (LPTFs), with 40 decentralized locations, across five provinces of Kenya. The AIDSRelief Consortium led by Catholic Relief Services (CRS) in partnership with Catholic Medical Mission Board (CMMB), the Institute of Human Virology of the University of Maryland (IHV) and Constella Futures brings to the AIDSRelief team years of experience in delivering ART to local faith-based partner treatment facilities, in collaboration with Kenya Episcopal Conference (KEC), Christian Health Association of Kenya (CHAK) and the Ministry of Health through the National AIDS and STI Control Program. By March 1, 2008 AIDSRelief will support 25,000 patients on ARV treatment and 35,000 on care; at least 10% of these are children.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

This initiative will contribute to the reduction of new HIV infections by circumcising 900 boys, as well as through targeted behavior change communication focused on promoting abstinence and delayed sex debut among the youth. The key objective is to provide access to medical male circumcision plus (MMC+) adolescent reproductive health education. Key activities proposed are: 6 AIDSRelief LPTFs providing MMC+ in Nyanza Province; Curriculum developed in collaboration with NASCOP; 1,560 youth participating in MMC+ (1,200 boys and 360 girls [100-300/LPTF]); 900 boys circumcised; 2,400 parents/guardians provided with education on HIV prevention and VCT; 2 community leaders engaged in MMC + activities at each site; 68 individuals will be trained to provide messaging and services, including 6 to 8 clinical officers and/or nurses trained in proper circumcision procedures.

3. LINKS TO OTHER ACTIVITIES

This activity links to comprehensive HIV care and treatment services, facility-based and mobile VCT, and community-based prevention activities provided by government and mission facilities in Nyanza Province. Linkages to other CRS program areas include: PMTCT, Abstinence/Be Faithful, Palliative Care (Basic Health Care and Support), Palliative Care (TB/HIV), HIV/AIDS Treatment (ARV Services), ARV drugs, and Counseling and Testing.

4. POPULATIONS BEING TARGETED

AIDSRelief seeks to roll out Medical Male Circumcision Plus (MMC+) for Nyanza Province at Maseno Mission Hospital, Kendu Adventist Hospital, St Camillus, St Joseph-Nyabondo, St Joseph-Migori, and Tabaka Mission Hospital given that the province has the highest prevalence of HIV/AIDS in Kenya. The general population, including adult men and women of reproductive age are targeted with AB messages. Children and youth, and particularly adolescent boys are targeted with appropriate messages and services. These activities will target parents to help ensure that a supportive adult environment is promoted for a comprehensive youth prevention approach.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses abstinence and being faithful and other prevention strategies through reproductive health education during male circumcision sessions. The activity will address gender, specifically targeting male norms and behaviors and increasing gender equity in HIV/AIDS programs. Additionally, the program will address human capacity development through training and task shifting, and will contribute to local organization capacity building.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16805, 14745, 14746, 14742, 14743

Program Area Code: 05

Planned Funds: \$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16805	16805.08	6934	3670.08		Catholic Relief Services	\$200,000
14745	4924.08	6934	3670.08		Catholic Relief Services	\$1,068,000
14746	8843.08	6934	3670.08		Catholic Relief Services	\$2,900,000
14743	5483.08	6932	3730.08		Catholic Relief Services	\$5,851,680

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting

Local Organization Capacity Building

Male circumcision

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,972	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	68	False

General population		
Ages 10-14		
Boys		
Ages 10-14		
Girls		
Ages 15-24		
Men		
Ages 15-24		
Women		
Adults (25 and over)		
Men		
Adults (25 and over)		
Women		
Special populations		
Most at risk populations		
Incarcerated Populations		

Coverage Areas

Nyanza

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 238.08 Prime Partner: Live With Hope Centre Funding Source: GHCS (State) Budget Code: HVOP

Activity ID: 16854.08 Activity System ID: 16854 Mechanism: N/A USG Agency: Department of Defense Program Area: Condoms and Other Prevention Activities Program Area Code: 05 Planned Funds: \$30,000

Activity Narrative: 1. ACTIVITY DESCRIPTION

The Live with Hope Center (LWHC) is a faith-based organization that has been serving the HIV/AIDS needs of the urban areas of Kericho and its surrounding rural population since 2000. As the epidemic of HIV /AIDS in this peri-urban town changes the response to the epidemic in preventing new infections also has to change. As noted in Kenya 50% of married HIV-infected persons have an HIV-negative spouse (DHS 2003). The LWHC will embark on a new Condoms and Other Prevention (OP) program this year to develop more interventions in prevention for high risk populations in Kericho focusing on discordant couples as well as people living with HIV. The interventions will focus on positive prevention by establishing curriculums and interventions for discordant couples and adolescent/youth living with HIV. Major focuses of these interventions are equipping this population with the tools to disclose their status as well as other healthy relationships skills. The interventions for discordant couples will focus on establishing effective and influential support groups of discordant couples so issues that specifically affect them are discussed in a productive and supportive environment. Other OP activities for those living with HIV will focus on providing support and encouragement for disclosure as well as counseling in areas of reproductive health and family planning. Early identification and the treatment of STIs will also be scaled up for this population as well as other high risk groups LWHC works with such as commercial sex worker (CSW), prisoners, migratory populations and the local uniformed service personnel. LWHC will also plan to scale-up the Men as Partners in Prevention intervention as part of their OP activities specifically to the informal labor sector and the local churches. The LWHC will develop behavioral surveys for all of the populations they will reach in OP to ensure that the interventions developed will be conducive to the true behaviors that may be contributing to their high risk status. LWHC's OP activity will successfully reach 5,000 individuals through community outreach and 25 people will be trained to promote a comprehensive HIV/AIDS package in prevention for high risk populations.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREAS

The LWHC will contribute to the OP national programs and activities by working with other USG partners in the development and implementation of a uniformed intervention for positive prevention in both the community and clinical settings. The comprehensive approach to prevention with CSW will also be uniformed throughout the Emergency Plan OP implementing partners which will include LWHC. The LWHC will successfully train 25 individuals in evidence based curriculum like the Men as Partners in Prevention as well as the recent intervention of Positive Prevention in Clinical settings. Overall, LWHC's OP activity will target 5,000 individuals in community outreaches that promotes HIV/AIDS prevention through other behavior change.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked with other prevention activities occurring in the south Rift Valley through various DOD Emergency Plan implementing partners. This activity will be linked with KEMRI-South Rift Valley AB and OP programs as well as Live with Hope's AB activity. Other links will be with counseling and testing services provided through Emergency Plan partners in the south Rift Valley including Live with Hope, Tenwek and KEMRI-South Rift Valley. Positive Prevention Programs focusing on discordant couples as well as People Living with HIV/AIDS under this OP activity will also be linked to treatment centers and comprehensive care sites through KEMRI-South Rift Valley treatment sites and the home based/palliative care programs.

4. POPULATIONS BEING TARGETED

The LWHC OP activity will focus its interventions and activities on out of school youth especially between the ages of 15 to 24 through their partnership with the Kericho Youth Center. They will also target adults over the age of 25 in many of their activities including Men as Partners in Prevention. The Positive Prevention activities will focus on discordant couples as well as People Living with HIV/AIDS. Teachers will also continue to be a specific population that is targeted through interventions and trainings that are conducted at the local teachers' training college. Since this is a prevention activity focusing on the Most at Risk Populations, incarcerated peoples, mobile populations on the local tea estates and persons in prostitution and exchanging sex for money and/or other goods will also be a target of this intervention.

5. EMPHASIS AREAS/KEY LEGISLATIVE ISSUES ADDRESSED

LWHC will have emphasis areas in this OP activity in gender, specifically addressing male norms and behaviors and increasing gender equity in HIV/AIDS programs through their Men as Partners in Prevention as well s their discordant couples intervention. LWHC will also scale up their interventions with gender based violence therefore reducing violence and coercion. The LWHC will also provide in-service trainings for their facilitators and training for trainers to reach more people and reach their target of training 25 individuals in promoting HIV/AIDS prevention.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14915, 14904, 14917, 14907, 14908

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14915	4919.08	6973	238.08		Live With Hope Centre	\$120,000
14904	6922.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,050,000
14907	4828.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,280,000
14917	4114.08	6973	238.08		Live With Hope Centre	\$150,000
14908	6973.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$7,170,714

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion
- Human Capacity Development
- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	25	False

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Teachers

Coverage Areas

Rift Valley

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 4919.08

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HVOP Activity ID: 8937.08

Activity System ID: 14699

Mechanism: APHIA II - North Eastern

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$450,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

+ prime partner Pathfinder International has been competitively selected to implement the activity + \$100,000 of this allocation will be used to carry out formative evaluation to determine the drivers of the epidemic in "hot spots' of North Eastern province

1. LIST OF RELATED ACTIVITIES

This activity links with other activities in Abstinence and Be Faithful Programs (#9074), Counseling and Testing (#8778), Prevention of Mother-to-Child Transmission (#7087) and Palliative Care: TB/HIV (#9066).

2. ACTIVITY DESCRIPTION

\$100,000 of this allocation will be used to carry out formative evaluation to determine the drivers of the epidemic in "hot spots' of North Eastern province. In FY 08, this activity will reach 7,000 individuals with other prevention interventions and train 60 people. In addition condoms will be distributed through 20 outlets. Kenya's NEP is fortunate to have much lower HIV prevalence rates than other provinces in the country. The KDHS shows rates varying from 0-2% across the province. The primary focus of APHIA II NEP will be to maintain low prevalence rates through reinforcing the attitudes of local religious and societal leaders around abstinence and being faithful and using them as culturally acceptable means for influencing the local population. However, PMTCT data from UNICEF's work in the region shows areas of rapid expansion of the epidemic mainly around Garissa (5%) and other urban centers which are acting as catalysts in fueling the spread of the HIV epidemic. Urban areas within NEP generally feature significant populations of civil servants, uniformed services personnel and commercial traders, most of whom are from other regions of the country and are living in isolated NEP unaccompanied by their spouses or families. Despite the general perception of NEP as an Islamic province with conservative social morals, these urban centers feature "hot spots" for commercial sex and opportunities for the HIV virus to enter the mainstream population through widows and polygamous unions. Condom use as an HIV/AIDS prevention strategy is an extremely sensitive issue among the Muslim community in NEP and must be approached carefully. APHIA II NEP will carefully target segmented components of the NEP population, working primarily with commercial sex workers; bar owners; long-distance truck drivers; commercial traders and civil servants from outside the province; and, members of the uniformed services. The project will collaborate with partners such as the ROADS project and PSI for reaching targeted groups with condoms and will employ proven approaches such as the Men as Partners program for developing healthier behaviors within the uniformed services.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

By supporting the CORP/TBAs to ensure use of sterile birth equipment the project shall reduce the risk of HIV transmission through the use of contaminated tools. Strengthened referral by the CORP/TBA system for pregnancy and pregnancy related issues will increase the number of pregnant mothers accessing essential antenatal services including VCT and PMTCT. Increased use of condoms by clients of CSWs will reduce opportunities for sexual transmission of the virus among high risk groups.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in Counseling and Testing (#8778) and Abstinence and be faithful (AB) activities (#9074). These OP services will be complemented by other ongoing health activities, which include community and religious outreach programs for awareness creation and behavior change and prevention among literate and illiterate populations of North Eastern Kenya. The CORP/TBAs shall provide basic health services, disseminate HIV/AIDS AB messages and mobilize the pastoral community for HIV/AIDS services including TB (#9066) and PMTCT (#7087).

5. POPULATIONS BEING TARGETED

These activities target special populations particularly the mobile populations of Northern Kenya. OP information and condoms will be passed to truck drivers who are a risk group as they move from high HIV/AIDS prevalence zones of Kenya in search of animals for international markets. Appropriate HIV/AIDS messages will be disseminated through brochures, billboards, fliers and police road signs. In addition, special populations, particularly commercial sex workers, in the target districts will be equipped with appropriate information and empowered to use HIV/AIDS preventive methods at all times. Altogether, 6,000 people will be reached.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue addressed is Gender: working with the women in the project districts who will be empowered to be decision makers on matters of reproductive health and be persuaded to accept the use of condoms in a polygamous Muslim population. The KDHS 2003 study indicates that knowledge about condoms, their acceptability and use is very limited in the project districts of North Eastern Kenya. The OP program will advocate for and promote strategic condom distribution and use while considering religious, cultural and gender sensitivities.

7. EMPHASIS AREAS

The major emphasis area for this component is development of network/linkages/referral systems developing strong referrals through their trained TBAs. In addition another major area is Information, Education and Communication with activities that will enhance HIV/AIDS prevention behavior. Knowledge of contraceptive methods in general, and about condoms in particular is low. Acceptability and use of condoms is less prevalent in the project districts. The Supreme Council of Kenya Muslim (SUPKEM) religious leaders have rejected condom use among Muslim populations in the project area. The argument that condoms curtail fertility and save lives is pitted against condoms as a symbol of immorality and uncontrolled sexual activity. The resultant discourse portrays real conflicts faced by Muslims when they have to decide whether or not to use condoms. The project will hence discover ingenious avenues to promote condom use in the project districts and increase both demand and supply to groups at risk.

Continuing Activity: 8937

Related Activity: 15989, 14698, 14700, 14701, 14702, 14703, 14704

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20185	8937.20185. 09	U.S. Agency for International Development	Pathfinder International	8984	4919.09	APHIA II - North Eastern	\$450,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15989	15989.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$550,000
14698	9074.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$1,000,000
14700	8867.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$500,000
14701	9066.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$150,000
14702	9067.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$1,200,000
14703	8778.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$400,000
14704	8805.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$600,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Reducing violence and coercion

Human Capacity Development

- * Training
- *** Pre-Service Training

Local Organization Capacity Building

Workplace Programs

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	20	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	7,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	60	False

Indirect Targets

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

Teachers

Coverage Areas

North Eastern

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 441.08

Prime Partner: Academy for Educational Development Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 4940.08

Activity System ID: 14715

Mechanism: Capable Partners

USG Agency: U.S. Agency for International Development Program Area: Condoms and Other

Prevention Activities

Program Area Code: 05

Planned Funds: \$1,820,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

- + Four new partners addressing substance-abuse will be identified during 2008
- + 75,000 people reached with community outreach promoting HIV prevention.
- + 500 individuals will be trained to promote HIV/AIDS prevention through comprehensive programming.
 - + 30 condom outlets will be made available at VCT sites targeting different populations

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HVOP (#) and HVCT (#).

2. ACTIVITY DESCRIPTION

This activity will reach 75,000 people with community outreach promoting HIV prevention. 500 individuals will be trained to promote HIV/AIDS prevention, and 30 condom outlets will be made available. Handicap International (HI) will be sub-granting to a number of organizations working with Persons with Disabilities to promote access to HIV/AIDS information. As in most developing countries, the situation of disabled persons in Kenya is alarming. Many live a life of discrimination, negative attitudes and exclusion from the mainstream community activities with no access to information or other basic necessities. Compounding the problem of vulnerability to HIV exposure is the challenge of communicating messages about HIV/AIDS. Low literacy rates among disabled individuals and disadvantages in accessing radio and/or television messages for the deaf and the blind present real challenges to prevention efforts. Eight organizations working specifically with people with disabilities will reduce their risk of acquiring HIV/AIDS by promoting accessibility to HIV/AIDS information and education, developing appropriate communication materials for the various types of disabilities (formats such as braille, large print, sign language); and promoting behavior change among youth. 300 peer educators (disabled youth themselves) will be trained in HIV/AIDS issues. The peer educators will be expected to assist others to build self-esteem by enabling them to understand their rights to protect themselves from abuse or unsafe sex and other risky behaviors that could predispose them to HIV/AIDS. A disabled person should have equal access to HIV testing and advice. This will be made possible by training VCT counselors on the needs of persons with disabilities including the deaf. They will develop awareness among family members and the community of the duty to protect disabled people from sexual exploitation and to ensure perpetrators face legal action. Support continues to the following sub -recipients for activities integral to this program: United Disabled Persons of Kenya, Blind and Low Vision Network, Dandora Deaf Self-Help Group, Kenya Disability Action Network, Kenya Society for the Mentally Handicapped, Nairobi Family Support Services and the Disabled Group of Trans Nzoia. Substance abuse is acknowledged as a major factor contributing to the spread of HIV. There are two main possible associations. First, individuals using drugs and alcohol may lose inhibition, leading them to indulge in risky sexual behavior that exposes them to HIV/AIDS infection. Second, injection drug users (IDUs) expose themselves to HIV/AIDS through direct blood-to-blood transmission. Comprehensive HIV/AIDS-prevention programs may help drug and alcohol users to stop using drugs and alcohol, change their behavior and reduce their risks of acquiring or transmitting HIV/AIDS. In Kenya, there is a growing body of evidence that supports the need to address issues related to drug and alcohol use and HIV prevention. Recent studies have shown that there is increasing use of illicit drugs, including heroin, marijuana, and khat, and according to research by the Kenya Medical Research Institute, alcohol now affects 70 percent of Kenyan families. Despite this, access to substance abuse and HIV/AIDS-prevention services remains limited. Through the Capable Partners Program Kenya (CAP Kenya) this activity will strengthen the organizational and technical capacities of Kenyan organizations implementing programs that prevent the spread of HIV/AIDS among drug and alcohol users. CAP Kenya will continue to provide grant funding and intensive technical assistance to eight organizations who will be implementing programs that decrease specific behaviors associated with drug and alcohol use. 200 members of these organizations will be trained. Organizations that focus on the following types of interventions will be targeted: 1) Outpatient treatment services 2) Transitional services between treatment and the community 3) Prevention/risk reduction services, and 4) Skill-based addictions training for existing and new addictions counselors in both out-patient and in-patient addictions-treatment facilities. Related partners include the following: Reachout Center Trust (Mombasa), Asumbi (Nairobi), The Omari Program (Malindi and Lamu), Kenya Urban Apostolate Program (Kisumu), Tuungane (Impact Research and Development Organisation) (Kisumu), The Redhill Center (Limuru), Family Health Options of Kenya (Kisumu and Nakuru), SAPTA (Support for Addiction Prevention and Treatment for Africa) (Nairobi). This activity will also support a highly successful outreach program focusing on services for street children operated by Wema Center in Mombasa. Street children lifestyles are characterized by continued marginalization from basic services and support such as lack of food, proper shelter, education, health care, parental care and guidance. These children and street youth suffer from a multiplicity of socio-economic problems that inevitably lead to desperation and anti-social behavior. They constantly encounter sexual abuse and drug addiction as the most prevalent problems. These problems are caused by widespread poverty, both in rural and urban areas, domestic violence, retrogressive socio-cultural beliefs and practices and the far-reaching negative impact of HIV/AIDS on poor families. Young girls are particularly sexually vulnerable, while boys are more likely to go into crime and drug abuse. With 2007 funds, Wema Center will scale up services to reach more children and provide additional services in Mombasa in addition to expanding services in Thika and Kisumu. The focus of activities in 2008 will be to consolidate this expansion. The activity will also support prevention activities carried out by I Choose Life (ICL). In 2007 CAP worked with ICL to develop parameters and pilot Youth Empowerment Centers (YEC) in two tertiary institutions: Kenyatta University and National Youth Service in Nairobi. In 2008 CAP will support ICL to build on the activities in the existing YECs and in two additional tertiary institutions; Eldoret Polytechnic and Egerton University to reach significant numbers of the campus communities with prevention messages

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will address some marginalized populations including the disabled and substance-abusers but will also focus on youth, a primary target population identified in the country strategy.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to the AED/Capable Partners/ Handicap International, WEMA and I Choose Life activities in HVOP (#) and HVCT (#). These activities will strengthen those described in this narrative by providing additional support in material design, outreach, VCT and IEC activities.

5. POPULATIONS BEING TARGETED

Activity Narrative: The project expects to target a variety of populations with different interventions, particularly disabled youth, sexually abused young women and substance-abusers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

At the moment, little is being done to provide access for the disabled to services on HIV/AIDS, reproductive health and sexuality. Gender will also be addressed due to a rise in gender-based violence. Almost 90% of violence is sexual in nature. Service providers will be on the look-out for victims of such violence and appropriate services will be offered to them promptly to avoid complications that may arise. In all project activities, equity will also be a key focus. Female youth and disabled women in general will be provided with more access to services. The aim of this will be to provide 'more at risk' segments of the population with adequate information for prevention and also care and support as access may have been compromised because of their condition.

7. EMPHASIS AREAS

The major area of emphasis is capacity building and training. The project will train 500 individuals to promote prevention behaviors. Peer educators (disabled youth themselves) will be trained in HIV/AIDS issues. VCT counselors will be trained on the needs of persons with disabilities and training a deaf person in counseling to be able to provide VCT services to the deaf. A minor emphasis is on community mobilization/participation and policy and guidelines through the development of awareness among family members and the community that they have a duty to protect disabled people from sexual exploitation and to ensure perpetrators face legal action.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8880

Related Activity: 14714, 14719

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20337	4940.20337. 09	U.S. Agency for International Development	Academy for Educational Development	9037	441.09	Capable Partners	\$2,008,255
8880	4940.07	U.S. Agency for International Development	Academy for Educational Development	4198	441.07	Capable Partners	\$150,000
4940	4940.06	U.S. Agency for International Development	Academy for Educational Development	3247	441.06	Capable Partners	\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14714	5091.08	6920	441.08	Capable Partners	Academy for Educational Development	\$800,000
14719	4847.08	6920	441.08	Capable Partners	Academy for Educational Development	\$500,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	30	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	75,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	500	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Coverage Areas

Coast

Nairobi

Nyanza

Rift Valley

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 348.08 Prime Partner: Community Housing Foundation Funding Source: GHCS (State)

Budget Code: HVOP Activity ID: 4167.08 Activity System ID: 14763 Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Condoms and Other Prevention Activities Program Area Code: 05 Planned Funds: \$871,500

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

+ Target populations have been revised (or expanded) to include discordant couples;

+ Organizational and program management capacity will be strengthened to ensure partner organizations have sound systems for management of program funds and implementation;

+ FY 2007 PLUS UP ADDITIONS: This plus up will support expanded activities targeting prevention with positives for sub-grantees funded under the CHF umbrella funding mechanism as described in the 2007 COP narrative. CHF will work with a technical agency and consultants to develop materials, adaptations and translations, guidelines and scripts for use in PWP interventions. CHF will also support stakeholder meetings and trainings to facilitate the process of developing materials and interventions and rolling these out to identified communities. Training sessions will be supported as a capacity building process for PLWHA organizations and networks. CHF will support a rapid roll-out of PWP activities and help monitor program quality through a well-defined M&E system. Intensive education and counselor for partner testing and disclosure will be supported to improve PWP among PLWHA in selected groups. Interventions for targeted groups such as discordant couples will be supported for accelerating prevention. This activity will also ensure the integration of PWP activities across other program areas to ensure a comprehensive and rapid implementation of PWP activities. (PWP \$250,000).

+ \$500,000 of this activity is programmed with funds from the \$7 million FY 2008 plus up for the Healthy Youth Programs Initiative.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful Programs (#6876), Counseling and Testing (#6875), and Orphans and Vulnerable Children (#6874).

2. ACTIVITY DESCRIPTION

The primary implementing partner in this activity, Community Housing Foundation (CHF), is implementing a capacity building and grants management program, supporting numerous local organizations to implement various interventions. CHF will work with local organizations to implement HIV prevention activities among high risk youth and adults. A total of 85,000 individuals will be reached with behavioral interventions and 490 people will be trained in delivering HIV prevention services for high risk populations. 1,126 condom outlets will be established. These activities will contribute to the result of increased access to HIV/AIDS prevention services for high risk and underserved population. CHF will continue supporting local groups currently receiving FY 2007 funds by building both their organizational and technical capacity to enhance service delivery for OP, culminating in the disbursement of sub-award grants to carry out targeted OP activities. CHF will assist its sub-grantees to develop appropriate tools and strategies for Monitoring and Evaluation and the use of scientific and evidence based approaches in Behavior Change Communication (BCC) to enhance partners output. CHF will strengthen its partner interventions by ensuring there is an adequate focus on Positive Prevention. It will help partners employ appropriate approaches to focus on preventing sexual transmission among individuals with HIV. To help both with prevention as well as reduce stigma and discrimination, these programs will promote leadership by PLWAs in Positive Prevention through groups such as the Movement of Men Against AIDS. Networking and information sharing among partner organization will be strengthened. CHF will continue to support behavioral interventions for the Nyanza Reproductive Health Society in implementing a pilot "young men's prevention project" for young men enrolling in the Kisumu male circumcision project. Moreover, CHF will work collaboratively with CDC to identify additional emerging partners to engage with during FY 2008. CHF will continue to support behavioral interventions for the Nyanza Reproductive Health Society in implementing a pilot "young men's prevention project" for young men enrolling in the Kisumu male circumcision project. It will also provide workplace interventions for sugar plantation workers, including migrant workers and sex workers with their partners within the sugar belt region in south Nyanza. This activity also includes support to the following sub-recipients for activities integral to the program, with CHF management costs included: Community Research and Education Development- \$70,000; Merlin- \$70,000; Movement of Men Against AIDS in Kenya- \$70,000; Nomadic Community Trust- \$40,000; Soy- \$35,000; Nyanza Reproductive Health-\$100,000; Uniformed Services- \$550,000; New partners - TBD \$200,000.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activities supported by CHF in this program area will work to prevent HIV infection among 85,000 high risk individuals, including commercial sex workers and their partners, sugar plantation workers, migrant workers, out of school youth and discordant couples. PLWAs will help provide leadership on Positive Prevention. Young men in the Kisumu area enrolling for the UNIM male circumcision will be targeted as well as boda boda and matatu operators. 490 people will be trained to provide OP services and 1,126 condom outlets will be established. These activities are consistent with the Kenya Five-Year Strategy which focuses on HIV prevention in youth.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to CHF activities in the areas of AB (#6876); and CT (#6875), Orphans and Vulnerable Children (#6874). Sub-grantees will segment their target populations and link younger youth and OVCs to AB activities. Counseling and testing will be widely advocated and people will be referred to CT services.

5. POPULATIONS BEING TARGETED

Young adults, especially young men, will be targeted by these activities. In addition, commercial sex workers and their clients will be targeted in both Nairobi and in the sugar plantations in Nyanza Province. People living with HIV/AIDS will be targeted, not only to receive services, but also to be involved in community outreach promoting Positive Prevention. These interventions for high risk youth, especially young people, will link to the partner faithfulness interventions, including advocacy for partner reduction. Teenage men who may have begun sexual activity can be targeted for voluntary counseling and testing (VCT), messages of faithfulness to one partner, and rapid treatment of STI. Individuals and groups involved in high risk sexual behavior will also be educated about the benefits and means of achieving faithfulness including reduction of sexual partners and other prevention strategies such as correct, consistent condom use, rapid treatment of STI and VCT, as well as reporting for VCT. Such young men can also be asked to refer their female sexual partners, who by definition are sexually active, high risk individuals, for counseling and treatment. PLWAs and their sex partners will be encouraged to seek screening and treatment for STIs, care and ART treatment. This activity will also train community, program, and religious leaders as well as

Activity Narrative: local organizations including CBOs, FBOs and local NGOs. Activities will largely focus on serving rural communities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Gender issues will be addressed. These include increasing gender equity, addressing male norms and reducing violence/coercion. The focus on Positive prevention programming will also address stigma and discrimination. The projects targeting commercial sex workers will work to assist young women to find alternate forms of employment and income.

7. EMPHASIS AREAS

The primary focus of CHF continues to be support to local organizations' capacity development as well as provide Quality assurance, Quality Improvement and Supportive Supervision. CHF will help sub-grantees train their staff and volunteers in the interventions, and will assist in capacity building of the local groups. This will enable groups provide services that relate to community mobilization / participation, provision of information, education and communication and the development of networks, referrals and linkages. Human resources both for CHF and for sub-grantees are an additional minor emphasis area.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6872

Related Activity: 14761, 14766, 14767

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6872	4167.07	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	4221	348.07		\$1,505,000
4167	4167.06	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	3233	348.06		\$1,105,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14761	4171.08	6941	348.08		Community Housing Foundation	\$2,483,500
14766	4169.08	6941	348.08		Community Housing Foundation	\$500,000
14767	4170.08	6941	348.08		Community Housing Foundation	\$1,800,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	1,126	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	85,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	490	False

Indirect Targets

General population
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Special populations
Most at risk populations
Street youth
Most at risk populations
Military Populations
Most at risk populations
Persons in Prostitution
Other
Discordant Couples
People Living with HIV / AIDS
Religious Leaders

Coverage Areas
Nyanza
Nairobi
Rift Valley

Table 3.3.05: Activities by Funding Mechansim

Prime Partner: Engender Health

Funding Source: GHCS (State)

Budget Code: HVOP

Mechanism ID: 4915.08

Activity ID: 8942.08

Activity System ID: 14779

Mechanism: APHIA II - Nyanza USG Agency: U.S. Agency for International Development Program Area: Condoms and Other Prevention Activities Program Area Code: 05 Planned Funds: \$1,500,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

+ geographic coverage has been revised to include Kuria, Gucha, and Masaba

+ an additional prevention component focusing on Male Circumcision (MC) was integrated with FY07 plusup funds. In FY 08 an additional \$800,000 is provided for MC activities in the Northern districts of Nyanza province.

+ \$50,000 of this OP activity is programmed with funds from the \$7 million FY08 plus-up for the Youth Prevention Initiative

+ OP funds totaling \$29,000 will contribute to the sensitization of teachers as a worksite population linking with AB and OPHS funds for a \$150,000 activity to reach 750 teachers and train 20 more.

+ APHIA II Nyanza will work with police, uniformed services, women, opinion leaders and others on issues of gender-based violence

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8760), Abstinence and Be Faithful Programs (#8989), Prevention of Mother-to-Child Transmission (#8734), Palliative Care: TB/HIV (#9059) and HIV/AIDS Treatment: ARV Services (#8774).

2. ACTIVITY DESCRIPTION

In FY08, APHIA II Nyanza will reach 400,000 individuals, 2,000 people will be trained and condoms will be distributed through 100 outlets. The USAID APHIA II Nyanza project implemented by EngenderHealth initiated support to condom promotion and other prevention activities in Nyanza Province in FY 2006. In FY 2007, this activity will continue to promote the use of condoms in high-risk encounters and support STI prevention and management in Nyanza Province but with a new focus on prevention strategies for HIVpositive persons. In 50 public and faith-based health facilities, 300 health workers will be trained to promote HIV prevention in care and treatment settings. Strengthening and expansion of STI management will include training of health service providers in syndromic management of STIs with appropriate strategies for condom promotion through the MCH, VCT, PMTCT and HIV treatment services. Utilizing the Ministry of Health's Community Strategy, 200 community resource persons (CORPS) especially from women's groups will be trained to promote health behaviors including faithfulness to their partner, knowing one's HIV status, using condoms and seeking health care for management of STI's. This activity will include a component of stigma reduction. In order to reach men, 100 peer educators at informal worksites including beach communities will be trained in HIV-prevention behaviors. The CORPS and peer educators will implement an HIV prevention program to reach 200,000 individuals in the community through community outreach and promotional activities. Community-based organizations and faith-based groups will help to train 200 youth advocates to use various BCC strategies including community radio and magnet theatre to deliver ABC messages to 40,000 youth out of school. This activity must include adequate support to the primary subrecipient for prevention activities, PATH.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This APHIA II Nyanza project will contribute to the Kenya Five-Year Strategy that focuses on HIV prevention targeting high-risk groups. It will support access to condoms for those at risk for transmitting or becoming infected with HIV. In FY 2007, it includes a focus on prevention for HIV-positive individuals.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in counseling and testing (#8760), Abstinence/be faithful (#8989) to promote healthy behaviors amongst youth and reduce stigma by encouraging individuals to know their HIV status. It also relates to PMTCT (#8734), Palliative Care: TB/HIV (#9059) and ARV services (#8774) expanding HIV prevention in care and treatment settings.

5. POPULATIONS BEING TARGETED

This activity targets youth, men and women living in rural communities. It targets FP clients and people living with HIV/AIDS through clinical and community interventions. Training activities target public and faithbased health care workers. Community outreach activities will target community-based organizations, faithbased organizations, community leaders, religious leaders and out-of-school youth.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The behavior change communication activities for STI and HIV prevention will promote gender equity through partnering with women's organizations in the design and implementation of community activities. The activity will address male norms and behavior including multiple sexual partners through community interventions, as well as stigma and discrimination.

7. EMPHASIS AREAS

This APHIA II Nyanza activity has a major emphasis on community mobilization/ participation with minor emphases on training, IEC and local organization capacity development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8942

Related Activity: 14777, 14778, 14780, 14781, 14782, 14783, 14785

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20431	8942.20431. 09	U.S. Agency for International Development	Engender Health	9063	4915.09	APHIA II - Nyanza	\$1,225,000
20430	8942.20430. 09	U.S. Agency for International Development	Engender Health	9063	4915.09	APHIA II - Nyanza	\$1,619,855
8942	8942.07	U.S. Agency for International Development	Engender Health	4915	4915.07	APHIA II - Nyanza	\$935,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14777	8734.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$650,000
14778	8989.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$1,800,000
14780	8928.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$900,000
14781	9059.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$300,000
14782	9071.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$6,150,000
14783	12482.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$800,000
14785	8774.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$3,050,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Reducing violence and coercion

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Male circumcision

Workplace Programs

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	100	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	400,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,000	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

Teachers

Coverage Areas

Nyanza

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3575.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 4965.08

Activity System ID: 14791

Mechanism: Contraceptive Research Technology and Utilization USG Agency: U.S. Agency for International Development Program Area: Condoms and Other Prevention Activities Program Area Code: 05

Planned Funds: \$200,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

+ In FY 2008 FHI/CRTU will continue to gather strategic information and identify lessons learned to support integration of the activity with other partners, in particular APHIA II Nairobi

+ Disseminate lessons learned, including providing technical assistance to APHIA II partners to apply those findings within their activities; and

+ Begin to develop and implement a transition plan with KU to promote sustainability and scale-up of activities

1. LIST OF RELATED ACTIVITIES

This activity is related to Condoms and Other Prevention Activities (#8874) and Abstinence and Be Faithful Programs (#6889) and will lay the groundwork to hand over activities to APHIA II Nairobi in 2008.

2. ACTIVITY DESCRIPTION

Findings from the formative assessment (2005 COP) and lessons learned from the pilot intervention (2006 COP) have been rolled out in 2007 through additional communities in Nairobi to reach more housegirls with HIV prevention messages. Therefore, FHI/CRTU proposes in FY 2008 to continue to gather strategic information and identify lessons learned to support integration of the intervention with other partners. The activity scaled-up the intervention beyond Bahati Church to two additional faith-based institutions in Nairobi. 50 trained peer educators will reach an additional 500 housegirls with HIV and unwanted pregnancy prevention messages. The 2007 mass media campaign will continue with existing radio stations which will air HIV and unintended pregnancy prevention messages to reach 10,000 housegirls as well as the communities in which they work to create awareness of their vulnerability. CRTU will work with Kenyatta University (KU)'s Linguistics department to develop communications materials to be channeled through the local radio stations. In order to enhance the quality of Nairobi's School of Journalism) to help design the messages. FHI will continue to provide technical assistance to five local faith-based organizations (FBOs) to design interventions to reach housegirls with prevention messages. Kenyatta University will be a sub-recipient (\$135,000) to carry out these activities.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the 2008 prevention targets by targeting special youth groups, i.e. housegirls. Reaching these hard-to-reach out-of-school youths is consistent with the Kenya Five-Year Strategy targeting young people as full partners in defining and delivering programs and messages.

4. LINKS TO OTHER ACTIVITIES This activity also relates to OP activities (#8874) and AB activities (#6889).

5. POPULATIONS BEING TARGETED

This activity targets out-of-school youth (girls) and women working as housegirls/women, as well as religious leaders and volunteers working in faith-based organizations.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues focus on gender, specifically on increasing gender equity in HIV/AIDS programs while also addressing male norms and behaviors.

7. EMPHASIS AREAS

The major emphasis is on information, education and communication with minor emphases on training, community mobilization, and local organization capacity development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6887

Related Activity: 14958, 14790, 14959

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20446	4965.20446. 09	U.S. Agency for International Development	Family Health International	9064	3575.09	Contraceptive Research Technology and Utilization	\$276,580
6887	4965.07	U.S. Agency for International Development	Family Health International	4225	3575.07	Contraceptive Research Technology and Utilization	\$300,000
4965	4965.06	U.S. Agency for International Development	Family Health International	3575	3575.06	Contraceptive Research Technology and Utilization	\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14790	5130.08	6945	3575.08	Contraceptive Research Technology and Utilization	Family Health International	\$600,000
14958	8731.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$1,150,000
14959	8874.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$600,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	500	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	False

Indirect Targets

Target Populations

General population
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Other
Religious Leaders

Coverage Areas

Nairobi

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 4916.08 Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVOP Activity ID: 9040.08 Activity System ID: 14799 Mechanism: APHIA II - Rift Valley USG Agency: U.S. Agency for International Development Program Area: Condoms and Other Prevention Activities Program Area Code: 05 Planned Funds: \$1,700,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

+ geographic coverage has been revised to include Pokot West, Pokot East, Trans Nzoia South, Trans Nzoia North, Baringo North, Baringo Central, Turkana North, Turkana South, Marakwet and Keiyo + \$100,000 of this OP activity is programmed with funds from the \$7million FY08 plus-up for the Youth Prevention Initiative

+ OP funds totaling \$29,000 will contribute to the sensitization of teachers as a worksite population linking with AB and OPHS funds for a \$150,000 activity to reach 750 teachers and train 20 more.
+ APHIA II Rift Valley will work with select health facilities, police, uniformed services, opinion leaders and others on issues of gender-based violence.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8776), Palliative Care: Basic Health Care and Support (#8929), HIV/AIDS Treatment: ARV Services (#8797), Abstinence and Be Faithful Programs (#9070), Orphans and Vulnerable Children (#9029), Prevention of Mother-to-Child Transmission (#8733) and Palliative Care: TB/HIV (#9065).

2. ACTIVITY DESCRIPTION

In FY08, this activity will build on HIV/AIDS prevention activities implemented under FY 2007 in the area of "other prevention." Additionally the activities will also create linkages with STIs, Malaria, RH/FP, MCH and TB services. The activities will reach 1,000,000 individuals through multifaceted community outreach programs and train 2,500 people through existing local NGOs, CBOs, FBOs, Professional associations and trade unions and the private sector and distribute condoms through 100 condom outlets. The activities will reach target populations in Nakuru North, Nakuru South, Molo, Naivasha, Narok North, Narok South, Kajiado, Koibatek, Baringo, Transoia West, Transoia East, Uasin Gishu, Nandi North, Nandi South, Keiyo, West Pokot, Samburu, Laikipia, Turkana, and Samburu districts in Rift Valley Province. Under the leadership of National Organization of Peer Educators (NOPE) the activities will target to reach both men and women in the formal and informal workplaces; their extended families and also most at risk youth-out-of -learning institutions with HIV/AIDS prevention messages. Local NGOs, CBOs, professional associations, trade unions and FBOs will target the other high risk populations including low-income community women, persons with disability, sex workers (with young female sex workers as special focus), long-distance truck drivers and other men in the transport sector such as matatu/ tour van drivers, touts and bicycle taxi (bodaboda and Tuk-Tuk) drivers, cattle traders and cattle drivers and the women who provide them services at cattle markets or en route, street families, uniformed services - the Kenya Police, Armed Forces, NYS. KWS, Prisons Service and their families, discordant couples and women in churches and mosques in Rift Valley Province. Professional associations, trade associations and labour unions will target teachers and health care providers and their families. Kenya National Union of Teachers (KNUT) and Kenya Association of Positive Teachers will reach teachers in primary and secondary schools as well as tertiary training colleges. Technical assistance partners will continue to provide assistance and capacity building to partner organisations to implement strategic behaviour change preventive programs. The activity will work and link with and provide referrals to existing networks of HIV counselling and testing as well as facilitate mobile and home based testing, TB screening, home based care and ART programs in the program areas. Prevention activities will include the following: community theatre targeting both in school and out-of-school and at-risk youth with prevention information leading to behaviour change and referral to youth friendly services; supporting peer education and peer counselling interventions with community women in low resource settings, sex workers in Nakuru, Naivasha, Gilgil, Mai-Mahiu, Salgaa, Narok and support the setting up of drop-in-centres; link them to VCT, PMTCT, care and support services; support prevention activities among teachers, health care providers, support prevention efforts among the uniformed services and their family members by supporting peer education among the ranks and working with provincial police Aids Control Units (ACU); support prevention activities among people in confinement e.g. prisons, remand homes, borstal institutions, promote advocacy among cultural gatekeepers and law enforcement agencies leading to greater sensitivity to gender based violence and exploitation, expand the peer education program. This intervention will result in reduced HIV risk in the general population, especially among young adults. They will provide increased access to HIV/AIDS prevention services for high-risk and under-served populations, and increase awareness of HIV/AIDS preventive behaviors through the Ministry of Health (MOH) and other partners. This will also include targeted condom promotion and distribution to high-risk populations and referral for STI services by the MOH and other partners. Local implementing partners will integrate prevention messages into models of care and support for orphans and vulnerable children (OVCs) and people living with AIDS (PLWA). Technical assistance will continue to be provided to partners implementing behavior change communication (BCC) programs in HIV and substance abuse and develop new print materials addressing alcohol abuse, stigma and discrimination.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the overall 2007 Emergency Prevention Plan for Kenya target reaching individuals through other behavior change beyond abstinence and/or being faithful. The activity will seek to integrate prevention with positives into all community outreach for treatment and care with special emphases on youth. It will significantly contribute to PEPFAR's goals for primary prevention.

4. LINKS TO OTHER ACTIVITIES

The activity will link APHIA Rift Valley to other activities in CT (#8776), HBHC (#8929), ART (#8797), AB (#9070), OVC (#9029), PMTCT (#8733), and TB/HIV (#9065) that all seek to provide comprehensive district -based services coordinated at the provincial level. It will also link with the comprehensive cluster projects of the FHI-TCI project along the major Mombasa-Busia highway.

5. POPULATIONS BEING TARGETED

The activity targets special populations particularly the most-at-risk populations of commercial sex workers, military personnel, discordant couples and truck drivers. The activity also targets adult men and women.

6. KEY LEGISLATIVE ISSUE ADDRESSED

The activity addresses both gender and stigma and discrimination.

7. EMPHASIS AREAS

Activity Narrative: The major emphasis area for this activity is training with minor emphases on information, education and communication and community mobilization/participation. APHIA II Rift Valley will undertake (1) prevention activities with HIV positives (PwP) working through PLWA support groups linked to the Comprehensive Care Centers in Nakuru and Naivasha. \$50,000 of unallocated funds will provide support to patient support groups and post-test clubs in VCT centers to ensure promotion of faithfulness and condom use by HIV-infected persons. This will empower 5 people in each of 10 patient support groups to become peer and advocacy leaders in prevention at the community level and will reach 10,000 PLWAs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9040

Related Activity: 14797, 14798, 14800, 14801, 14802, 14803, 14804

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20454	9040.20454. 09	U.S. Agency for International Development	Family Health International	9066	4916.09	APHIA II - Rift Valley	\$1,978,855
9040	9040.07	U.S. Agency for International Development	Family Health International	4916	4916.07	APHIA II - Rift Valley	\$2,100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14797	8733.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$3,000,000
14798	9070.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$2,100,000
14800	8929.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$900,000
14801	9065.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$450,000
14802	9029.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$4,700,000
14803	8776.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$1,200,000
14804	8797.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$2,300,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** Pre-Service Training

Local Organization Capacity Building

Workplace Programs

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	100	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,000,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,500	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Business Community

Discordant Couples

People Living with HIV / AIDS

Teachers

Coverage Areas

Rift Valley

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 4913.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 8930.08

Activity System ID: 14808

Mechanism: APHIA II - Coast

USG Agency: U.S. Agency for International Development Program Area: Condoms and Other Prevention Activities Program Area Code: 05

Planned Funds: \$1,800,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

+ geographic coverage has been expanded to include 4 additional districts in the Coast Province: Kaloleni, Kinango, Kilindini and Tana River totaling 10 districts

+ \$100,000 of this OP activity is programmed with funds from the \$7 million FY08 plus-up for the Youth Prevention Initiative

+ OP funds totaling \$29,000 will contribute to the sensitization of teachers as a worksite population linking with additional AB and OHPS funds for a \$150,000 activity to reach 750 teachers and train 20 more + APHIA II Coast will work with police, uniformed services, women, opinion leaders and others on issues of gender-based violence

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HIV/AIDS Treatment: ARV Services (#8813), Counseling and Testing (#8781), Orphans and Vulnerable Children (#9048), Palliative Care: Basic Health Care and Support (#8934), Palliative Care: TB/HIV (#9062), Abstinence and Be Faithful Programs (#8950), Prevention of Mother-to-Child Transmission (#8764).

2. ACTIVITY DESCRIPTION

In 2008, FHI will implement APHIA II Coast to reach 900,000 individuals through community outreach programs, train 2,500 individuals and distribute condoms through 150 outlets. The activity will build on HIV/AIDS Other Prevention activities implemented under the 06 COP. It will reach 700,000 individuals through community outreach programs and train 1,700 people through existing local NGOs, FBOs and private sector. The activity will focus on reaching individuals in formal and informal settings. Under the leadership of the National Organization of Peer Educators (NOPE), the activity will target women and men at worksites and youth at risk. The local NGO and FBOs will target other high-risk populations including lowincome community women, sex workers, truck drivers, cattle traders, uniformed services, discordant couples and women in churches and mosques in the Coast Province. Technical assistance partners will continue to provide assistance and capacity building to partner organizations to implement behavior change prevention programs. The program will link with and provide referrals to existing networks of HIV/AIDS counseling and testing, home-based care and ART programs in the program areas, creating "comprehensive care centers." This intervention will result in reduced HIV risk in the general population, especially among young adults. They will provide increased access to HIV/AIDS prevention services for high-risk and under-served populations, and increase awareness of HIV/AIDS preventive behaviors through the Ministry of Health and other partners. This will also include targeted condom promotion and distribution to high-risk populations through 100 condom outlets and improved quality of STI services working through the Ministry of Health and other partners. Prevention activities will include the following: targeting out-ofschool and most at risk youth with prevention information and referral to youth friendly services; supporting peer education interventions with sex workers in Malindi, Mombasa, Kilifi and Kwale districts and link them to VCT, PMTCT, care and support services; support prevention efforts among the uniformed services by working with the provincial police AIDS Control Unit (ACU) to expand the police peer education program to four districts in the Coast Province; expand the peer education program targeting truck drivers, loaders, and seafarers and link the activities to the existing ROADS Project; support prevention programs targeting hardto-reach MARPS such as the MSM and injection drug users and the geographically hidden populations such as Orma and Wadei Somalis in Tana River; provide counseling, information and prevention to HIVpositive individuals through peer and provider education, outreach services and regional mass media. In addition, the activity will target people with disabilities and assist them to gain access to integrated networks for care, treatment and support activities. Local implementing partners will integrate prevention messages into models of care and support for OVC and PLWAs. Technical assistance will continue to be provided to implementing partners implementing behavior change communication programs in HIV and substance abuse and develop new print materials addressing alcohol abuse, stigma and discrimination.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the Kenya 5-Year Strategy that focuses on HIV prevention targeting high-risk groups. Targets in this project will contribution to HIV infections averted.

4. LINKS TO OTHER ACTIVITIES

The APHIA II Coast Other Prevention activities will relate to HIV/AIDS treatment services (#8813), counseling and testing (#8781), OVC (#9048), HBHC (#8934), TB/HIV care activities (#9062), AB (#8950), PMCT (#8764).

5. POPULATIONS BEING TARGETED

Men and women in the work place, male and female sex workers and their partners and clients, and other high-risk population including truck drivers and out-of-school youth.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This APHIA II TBD project will have a strong gender component. Activities will target men in the workplace and low-income women in the community.

7. EMPHASIS AREAS

Community mobilization/participation will be implemented to reach the communities surrounding worksites. Individuals will be referred for other HIV/AIDS related services, especially counseling and testing services. In addition, peer educators in worksites who are also targeting the community will be trained to provide information related to HIV/AIDS including condom distribution. APHIA II Coast will undertake Prevention with Positives (PwP) activities working through PLWA support groups linked to the Comprehensive Care Centers in Coast province. \$50,000 of unallocated funds will provide support to patient support groups in the CCCS and post-test clubs at VCT centers to ensure promotion of faithfulness and condom use by HIV-infected persons. This will empower 5 HIV+ people in each of 10 patient support groups to become peer and advocacy leaders in prevention at the community level and will reach 10,000 PLWAs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 8930

Related Activity: 14809, 14810, 14811, 14812, 14807, 14813, 14806

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20467	8930.20467. 09	U.S. Agency for International Development	Family Health International	9067	4913.09	APHIA II - Coast	\$2,069,850
8930	8930.07	U.S. Agency for International Development	Family Health International	4913	4913.07	APHIA II - Coast	\$2,186,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14806	8764.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000
14807	8950.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000
14809	8934.08	6948	4913.08	APHIA II - Coast	Family Health International	\$1,205,000
14810	9062.08	6948	4913.08	APHIA II - Coast	Family Health International	\$390,000
14811	9048.08	6948	4913.08	APHIA II - Coast	Family Health International	\$4,950,000
14812	8781.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000
14813	8813.08	6948	4913.08	APHIA II - Coast	Family Health International	\$4,900,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * TB

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	150	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	900,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,500	False

Indirect Targets

Target Populations

General population Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women **Special populations** Most at risk populations Injecting drug users Most at risk populations Men who have sex with men Most at risk populations Street youth Most at risk populations **Incarcerated Populations** Most at risk populations **Military Populations** Most at risk populations Non-injecting Drug Users (includes alcohol use) Most at risk populations Persons in Prostitution Most at risk populations Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

Coast

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 210.08

Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 17832.08

Activity System ID: 17832

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Condoms and Other Prevention Activities Program Area Code: 05

Planned Funds: \$600,000

Activity Narrative: PHE CONTINUING STUDY:

Project Title: Male circumcision service delivery and cost-effectiveness evaluation in the comprehensive package study in the demographic surveillance study area

Name of Local Co- Investigators: Kenya Medical Research Institute and CDC-Kenya staff

Project Description:

This project evaluates four main questions 1) factors that affect uptake of male circumcision at community and fixed-site service points 2) the population level impact of a male circumcision comprehensive package on HIV incidence, including assessment of disinhibition 3) associations between the provision of community -based circumcision to HIV-uninfected men and a decline in HIV incidence compared to provision of male circumcision at fixed health care facilities and 4) cost of each intervention per person served and cost of each intervention per HIV infection and disability-adjusted life year (DALY) averted. These questions will be investigated in a matched cluster-randomized trial with a two by two factorial design within the comprehensive package study in the demographic surveillance site in Western Kenya.

Timeline:

FY 2008 = Year 2 of activity Year started: '07 Plus Up funding; so beginning late in '07. Expected year of completion: 2010

Funding: Funds received to date: \$0 Funds expended to date: \$0

Funds requested to complete the study: FY 08: \$600,000 Beyond FY08: \$300,000 for FY'09

Describe funds leveraged/contributed from other sources:

This PHE is nested in the larger Comprehensive Package Study which is also supported by other PEPFAR-Kenya program areas. In addition, the CPS leverages the DSS which is jointly supported by several CDC Divisions through KEMRI. Through this platform, we are able to use rigorous methods to address our CT program and policy questions and obtain population-level impact data at very low cost. In addition, 85,000 people will benefit from comprehensive HIV prevention, care and treatment services as part of this study.

Status of Study:

A protocol has been drafted and is being reviewed by MOH, KEMRI, CDC and other collaborators. Staffing plans and SOPs are currently being drafted. As soon as '07 Plus-Up Funding becomes available and IRB approval is finalized, baseline study implementation as well as service delivery, including home-based VCT for the whole study population, will begin.

Lessons Learned: N/A at this time

Information Dissemination Plan:

Results will be disseminated through the Male Circumcision Task Force at the national level as well as through regional MOH meetings. In addition, we will share results with PEPFAR implementing partners as well as the PEPFAR USG Kenya team.

Planned FY08 Activities:

During FY08, service delivery and evaluation will continue until the entire study population of Gem has been covered. During FY08, analysis of baseline data will allow for completion of question 1 above, e.g. an evaluation of uptake, coverage, adverse events associated with provision of male circumcision services in this rural Nyanza population. Results will be disseminated and used to inform national policy and scale-up plans as well as PEPFAR '09 planning.

Budget Justification for FY2008 Budget (USD):

Salaries/ fringe benefits:\$175,000Equipment:\$85,000Supplies:\$95,000Travel:\$60,000Participant Incentives:-Laboratory Testing:\$125,000Other:Consultants to assist with adverse events monitoring \$60,000Total:\$600,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Male circumcision

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
Pregnant women	
Discordant Couples	
People Living with HIV / AIDS	

Coverage Areas

Nyanza

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 443.08

Prime Partner: Institute of Tropical Medicine

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 17835.08

Activity System ID: 17835

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Condoms and Other Prevention Activities Program Area Code: 05 Planned Funds: \$300,000

Mechanism: N/A

Activity Narrative: (formerly listed as PHE)

Project Title: Evaluation of a multi-component adolescent HIV prevention intervention in rural western Kenya

Name of Local Co- Investigators: Institute of Tropical Medicine Antwerp and KEMRI/CDC-Kenva staff

Project Description:

This project will evaluate a multi-component HIV-prevention program to reduce transmission of HIV and STI and the number of unintended pregnancies among adolescents aged 10-20 years in Kenya. The evaluation addresses 4 main questions: 1) acceptability of the intervention in the community 2) access to adolescent health promotion, prevention and care 3) impact on parenting and communication practices and 4) impact on adolescent risk behavior, STI syndromes and unintended pregnancies. These questions will be investigated using qualitative and quantitative methods as well as quasi-experimental before and after designs, as well as a control group.

Timeline:

Year of activity: FY 08 Year started: 2002 (intervention started in 2002 but received PEPFAR funding from 2004) onwards. Expected year of completion: 2010

Funding: Funds received to date: \$1,200,000 Funds expended to date: approximately \$900,000

Funds requested to complete the study: FY 08: \$ 300,000

Beyond FY08: \$ 500,000

Describe funds leveraged/contributed from other sources:

Up to date received \$ 235,000 from the Belgian Development Cooperation to fund a livelihood intervention for youth out-of-school in rural Nyanza and salary is being paid for a full time anthropologist who is conducting ethnographic research on adolescents.

Status of Study:

In 2006, Families Matter! was evaluated through a pre- and post-intervention assessment. 321 of 375 (86%) parent-child pairs completed baseline, intervention and 15 months post-assessment evaluation. Parents and children separately reported significant increases in outcome measures regarding parent-child relationship, parental monitoring, reinforcement of positive behaviour, and communication about sexuality and sexual risk reduction (P<0.001), except for parents' report of parent-child relationship (P=0.087). These families will be assessed at 27 months pos-intervention in 2007.

Scale up efforts conducted from March 06 to May 07 reached an additional 3928 families (77% of all targeted families).

These data are indicative that Families Matter! is acceptable to rural western Kenya (evaluation question 1), and that change in parenting and communication practices is effected by the intervention (evaluation question 2).

Lessons Learned:

1. ACASI can successfully be used in rural settings with a lower literate population, including children and elderly people

2. Children and caregivers are willing to participate in PHE if they are consulted during protocol development and study procedures are discussed and negotiated with the community;

3. A two phased consenting process of parental permission and minor's assent works well in this area

Information Dissemination Plan:

• To share data with the Ministry of Health, PEPFAR implementing partners, and partners at the annual Collaborative meeting of the Nairobi University in January 2008

• To share data and lessons learned at ICASA conference in 2008 and other regional conference

• To publish findings about baseline survey and Families Matter! Evaluation in peer -reviewed journals

Planned FY08 Activities:

1. In light of the current scale up activities beyond Asembo and |Kenya, a more rigorous evaluation design to measure the effect of the Families Matter! intervention on adolescent behaviour becomes necessary. Qualitative research that will inform the development of a community intervention trial is planned for 2008, in collaboration with WHO. Also in 2008 a protocol will be developed for a community intervention trial, including assessment of suitable sites in Western Kenya where the trial can be conducted.

2. Assess the effect of Healthy Choices, an evaluation protocol using a quasi-experimental design will be developed in the coming months and executed in 2008, pending IRB approval. This will allow us to answer evaluation question 3 and 4.

3. A protocol is currently being developed to assess the quality of youth friendly services in the project area. (related to question 5 and 6)

4. A repeat cross-sectional survey is planned for 2009, and a protocol will need to be developed in 2008. (question 7)

Budget Justification for FY2008 Budget (USD):

Salaries/ fringe bene	efits: \$200,000
Equipment:	\$15,000
Supplies:	\$15,000
Travel:	\$20,000
Participant Incentive	s: \$10,000
Laboratory Testing:	\$ -

Activity Narrative: Other: Total:

\$40,000 \$300,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14834, 14835

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14834	4852.08	6954	443.08		Institute of Tropical Medicine	\$445,000
14835	8746.08	6954	443.08		Institute of Tropical Medicine	\$100,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Religious Leaders

Teachers

Coverage Areas

Nyanza

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 288.08

Prime Partner: University of California at San Francisco Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 17296.08

Activity System ID: 17296

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Condoms and Other Prevention Activities Program Area Code: 05

Planned Funds: \$200,000

Activity Narrative: 1. ACTIVITY DESCRIPTION

University of California San Francisco (UCSF) has been supporting palliative care and treatment services in Nairobi and Nyanza provinces, and PMTCT in Nyanza province. The UCSF approach through its FACES program promotes family-centered care for HIV rather than individuals with HIV. This innovative approach has ensured equity and greater disclosure within families. Current PMTCT coverage is 28 out of 68 sites in Migori and 4 sites in Kisumu. In FY 2008, UCSF, in collaboration with the Kenya Ministry of Health (MOH) will implement service delivery of male circumcision (MC) services in Migori and Rongo Districts in accordance with the National and International Male Circumcision guidelines. FACES will roll out an expanded pilot program to circumcise eligible men and boys, as well as neonatal infant boys. In addition to medical service provision, MC services will include, but are not limited to linking with HIV counseling and testing services for young men as a means to identify HIV-uninfected men who might choose male circumcision, promotion of male circumcision at the clinic, and in the community as a means to prevent HIV acquisition, promotion of other preventive methods for men (e.g. male condom, limiting number of sexual partners, etc.), and promotion of infant male circumcision as a long-term strategy to decrease HIV incidence in the population. Pregnant women presenting for ANC services will be counseled on the risk and benefits of infant male circumcision. Printed materials will be given to expectant mothers to be shared with the father. The materials will also outline the risk and benefits of male circumcision for the father. All men who undergo male circumcision will be given information about the risk and benefits of having their sons undergo the procedure, in addition to other risk reduction messages. Additional information will be available postnatally at the MCH clinics where most children come for well-baby check-ups and vaccinations, and male circumcision services will be provided for children whose parents consent. In FY 2008, 90 health care providers will be trained to counsel parents about the risk and benefits of male circumcision, and 20 nurse/clinical officer teams will be trained to perform adult and infant male circumcision. 3,000 individuals will be reached through this intervention. 10 condom outlets will be established.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Community participation and male involvement will significantly contribute to PEPFAR goals for primary prevention, access to care and treatment, and support of those affected and infected. Technical assistance to the Ministry of Health facilities will contribute to improvement of the quality of services. UCSF will facilitate capacity building of DHMTs for improved management of health services and set up of referral networks and linkages to ensure integration of prevention and care services at facilities, within the community and among various related programs within the districts. This activity will contribute to increased awareness, demand creation and stigma reduction leading to increased utilization of services towards the goal of universal access to prevention, care and treatment services.

3. LINKS TO OTHER ACTIVITIES

Linkages to PMTCT and VCT, in particular, and HIV care and treatment services will be strengthened, to increase demand for male circumcision and thus optimize utilization of complementary services created through Emergency Plan funding. This activity relates to activities in HIV/AIDS treatment/ARV services (#6945), PMTCT (#6949) and, TB/HIV (#6944). This activity will also link closely with IMPACT Research programs in HVAB, HVOP, HVCT, HVSI, and OPHS, and will leverage training provided by IMPACT to complement FACES' service delivery interventions.

4. POPULATIONS BEING TARGETED

This activity targets adults, pregnant women, HIV-positive pregnant women, HIV affected families, men and boys, with a particular focus on adolescent males, and all male infants. Health care providers including doctors, nurses and other health care workers will be targeted for training on prevention (including male circumcision) counseling and performance of adult and infant male circumcision using the national guidelines.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender equity in HIV/AIDS programs through improved prevention service delivery at health care facilities including ANC and MCH clinics. Male norms and behaviors will be addressed by encouraging men to take responsibility in their sexual behavior, as well as by encouraging the participation of men in helping to make decisions regarding their infant son's health. Community Health workers will conduct community mobilization activities regarding prevention that will help increase uptake of male circumcision and other prevention methods as well as address issues of stigma and discrimination at community level. Human capacity development will be addressed through training of health workers; and local organization capacity building will occur through technical assistance to the Ministry of Health to strengthen the quality of their service delivery.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15020, 14822, 14823, 14824, 15023, 14825, 14826

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15020	8653.08	7011	288.08		University of California at San Francisco	\$550,000
14822	4246.08	6952	692.08		Impact Research and Development Organization	\$1,632,500
14823	6583.08	6952	692.08		Impact Research and Development Organization	\$3,072,500
14824	8751.08	6952	692.08		Impact Research and Development Organization	\$500,000
15023	4138.08	7011	288.08		University of California at San Francisco	\$4,930,305
14825	12497.08	6952	692.08		Impact Research and Development Organization	\$100,000
14826	12506.08	6952	692.08		Impact Research and Development Organization	\$670,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Male circumcision

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	10	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	110	False

Target Populations

General population
Children (under 5)
Boys
Children (5-9)
Boys
Ages 10-14
Boys
Ages 15-24
Men
Adults (25 and over)
Men
Other
Pregnant women
People Living with HIV / AIDS

Coverage Areas

Nyanza

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 483.08 Prime Partner: University of Washington Funding Source: GHCS (State) Budget Code: HVOP

Activity ID: 17370.08 Activity System ID: 17370 Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$50,000

Activity Narrative: 1. ACTIVITY DESCRIPTION

University of Washington (UW) has been supporting palliative care and treatment services in Nairobi and Western/Nyanza province. The UW approach through its indigenous faith-based partner, the Coptic Church, provides services in both urban and rural sites. In FY 2008, UW, in collaboration with the Kenya Ministry of Health (MOH) will implement service delivery of male circumcision (MC) services in its sites (particularly Maseno Clinic-on the border between Nyanza and Western provinces in accordance with the National and International Male Circumcision guidelines. UW will roll out an expanded pilot program to circumcise eligible men and boys, as well as neonatal infant boys. In addition to medical service provision, MC services will include, but are not limited to linking with HIV counseling and testing services for young men as a means to identify HIV-uninfected men who might choose male circumcision, promotion of male circumcision at the clinic, and in the community as a means to prevent HIV acquisition, promotion of other preventive methods for men (e.g. male condom, limiting number of sexual partners, etc.), and promotion of infant male circumcision as a long-term strategy to decrease HIV incidence in the population. Pregnant women presenting for ANC services will be counseled on the risk and benefits of infant male circumcision. Printed materials will be given to expectant mothers to be shared with the father. The materials will also outline the risk and benefits of male circumcision for the father. All men who undergo male circumcision will be given information about the risk and benefits of having their sons undergo the procedure, in addition to other risk reduction messages. Additional information will be available postnatally at the MCH clinics where most children come for well-baby check-ups and vaccinations, and male circumcision services will be provided for children whose parents consent. In FY 08, 18 health care providers will be trained to counsel parents about the risk and benefits of male circumcision, and 5 nurse/clinical officer teams will be trained to perform adult and infant male circumcision. 500 individuals will be reached through this intervention. Three condom outlets will be established.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Community participation and male involvement will significantly contribute to PEPFAR goals for primary prevention, access to care and treatment, and support of those affected and infected. Technical assistance to the Ministry of Health facilities will contribute to improvement of the quality of services. UW will facilitate capacity building of DHMTs for improved management of health services and set up of referral networks and linkages to ensure integration of prevention and care services at facilities, within the community and among various related programs within the districts. This activity will contribute to increased awareness, demand creation and stigma reduction leading to increased utilization of services towards the goal of universal access to prevention, care and treatment services.

3. LINKS TO OTHER ACTIVITIES

Linkages to VCT, in particular, and HIV care and treatment services will be strengthened, to increase demand for male circumcision and thus optimize utilization of complementary services created through Emergency Plan funding. This activity relates to activities in HIV/AIDS treatment/ARV services, palliative care, and TB/HIV.

4. POPULATIONS BEING TARGETED

This activity targets adults, pregnant women, HIV-positive pregnant women, HIV affected families, men and boys, with a particular focus on adolescent males, and all male infants. Health care providers including doctors, nurses and other health care workers will be targeted for training on prevention (including male circumcision) counseling and performance of adult and infant male circumcision using the national guidelines.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender equity in HIV/AIDS programs through improved prevention service delivery at health care facilities including ANC and MCH clinics. Male norms and behaviors will be addressed by encouraging men to take responsibility in their sexual behavior, as well as by encouraging the participation of men in helping to make decisions regarding their infant son's health. Community Health workers will conduct community mobilization activities regarding prevention that will help increase uptake of male circumcision and other prevention methods as well as address issues of stigma and discrimination at community level. Human capacity development will be addressed through training of health workers; and local organization capacity building will occur through technical assistance to the Ministry of Health to strengthen the quality of their service delivery.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15036, 15037, 15038, 15039

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15036	4231.08	7020	483.08		University of Washington	\$300,000
15037	8830.08	7020	483.08		University of Washington	\$80,000
15038	12475.08	7020	483.08		University of Washington	\$150,000
15039	4232.08	7020	483.08		University of Washington	\$3,100,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

- * Training
- *** In-Service Training

Male circumcision

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	3	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	500	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	18	False

Target Populations

General population	
Children (under 5)	
Boys	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
Discordant Couples	
People Living with HIV / AIDS	
Coverage Areas	

Coverage Areas

Nyanza

Western

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	353.08	Mechanism:	TBD
Prime Partner:	Internews	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)	Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP	Program Area Code:	05
Activity ID:	17443.08	Planned Funds:	\$110,000
Activity System ID:	17443		

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This INTERNEWS/Local Voices Other Prevention activity relates to activities in HIV/AIDS Treatment services (#6915), Policy Analysis and Systems Strengthening (#6918), and PMTCT (#6916), Counseling and Testing (#6917), Blood safety(#8705), HKID, and HVAB.

2. ACTIVITY DESCRIPTION: This is a new activity with an existing partner. In FY 08, Internews will carry out the following activities - GENDER-BASED VIOLENCE: Gender-based violence (GBV) has become more than a human rights issue; it is also a national health issue, most especially in regards to the spread of HIV/AIDS. As part of its overall Local Voices media training project that supports mass media to disseminate information about HIV prevention and care, Internews Network in FY08 will bring a special training focus to the issue of GBV and its role in the spread of HIV/AIDS. An Action Aid study released in June 2007 shows increased sexual violence against women and girls is fuelling the spread of HIV/AIDS among females in Kenya: one out of every four girls and young women in Kenya report losing their virginity through force. Vaginal injuries like tears act as sites through which HIV enters into the bloodstream, which partly accounts for why women and girls are experiencing higher rates of HIV infection than men and boys. Violence makes 51% of the population vulnerable, and in turn the risk of passing infection to male partners increases. Women in rural areas appear even more at risk. Internews proposes a five-day journalism training for eight radio professionals that will focus on basic journalism skills as well as the relationship between gender-based violence and HIV. The journalists will receive intensive follow-up support after the training, which will result in at least 16 radio programs being produced and broadcast on Kenya radio stations. These programs will reach 5 million radio listeners. Internews will also provide the four best radio trainees with a follow-up field training in the form of a four day "mentoring trip." During this trip the journalists will be accompanied by an Internews trainer that will guide them every step along their way in doing genderbased violence features outside of Nairobi. This will result in at least 8 stories being produced and broadcast. Internews will train 4 television journalists and 4 camera people on the relationship between gender-based violence and HIV resulting in the production of at least eight features for broadcast on prime time television. The training will be five days long. The best student will receive a travel grant to do a gender -based violence story outside of Nairobi. This will result in two more gender based violence stories being broadcast on prime time television, reaching at least 4.5 million viewers. Internews will also host a round table on issues relating to gender-based violence for journalists and NGOs. During this round table stories done during training sessions will be discussed and criticized. The attendants will vote for the best story. The winner will receive a memory stick with a large enough memory to save pictures and sound. Summary: one five-day training on gender-based violence for 8 radio journalists that will result in 16 radio features; one four-day "field training" for four radio journalists in the form of a mentoring trip, resulting in 8 radio stories being produced and broadcast reaching at least 5 million viewers; one five-day training for 4 television journalists and 4 camera people that will result in 8 television features reaching at least 4.5 million viewers; one television travel grant that will result in two features on gender-based violence and HIV; and one round table during which stories will be discussed and criticized.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Internews Other Prevention activities countrywide will significantly contribute to PEPFAR's goals for both primary prevention and care by reaching about 4.5 million people. Planned activities will improve equity in access to HIV prevention and care services by raising awareness and increasing demand.

4. LINKS TO OTHER ACTIVITIES

The Other Prevention activities of the Internews project relate to all other Internews training activities.

5. POPULATIONS BEING TARGETED

This activity targets adults of reproductive health age, couples, their spouses, the youth and the media. It's hoped that after these targeted messages people who would have otherwise felt uncomfortable to seek treatment and care will do so, thus increasing access for all communities. Behavior Change Communication activities will also involve community leaders and community-based organizations to increase demand for services amongst community members.

6. KEY LEGISLATIVE ISSUES ADDRESSED Messages developed will address gender norms and behavior, stigma and discrimination.

7. EMPHASIS AREAS

This activity has a major emphasis on local organizational capacity building and a minor emphasis on training.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17537, 14847, 14848, 14849, 14850, 14851, 14852

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14847	4173.08	6957	353.08	TBD	Internews	\$110,000
17537	17537.08	6957	353.08	TBD	Internews	\$150,000
14848	8705.08	6957	353.08	TBD	Internews	\$150,000
14849	9076.08	6957	353.08	TBD	Internews	\$100,000
14850	4174.08	6957	353.08	TBD	Internews	\$200,000
14851	4172.08	6957	353.08	TBD	Internews	\$400,000
14852	4175.08	6957	353.08	TBD	Internews	\$300,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's legal rights
- * Reducing violence and coercion
- Human Capacity Development
- * Training
- *** In-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

Target Populations

General population		
Children (5-9)		
Boys		
Children (5-9)		
Girls		
Ages 10-14		
Boys		
Ages 10-14		
Girls		
Ages 15-24		
Men		
Ages 15-24		
Women		
Adults (25 and over)		
Men		
Adults (25 and over)		
Women		
Other		
Business Community		

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 7445.08 Prime Partner: Academy for Educational Development Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 17450.08

Activity System ID: 17450

Mechanism: TEPD

USG Agency: U.S. Agency for International Development Program Area: Condoms and Other Prevention Activities Program Area Code: 05

Planned Funds: \$100,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are: + Academy for Educational Development has been competitively selected to implement the activity

1. ACTIVITY DESCRIPTION

The Kenya Ministry of Education (MOE) recently completed their second year of implementing the Kenya Education Sector Support Program (KESSP) in which one of the objectives is to implement the AIDS policy for the education sector including training teachers to implement the HIV/AIDS syllabus in schools. AIDS is a major challenge to all the sectors of Kenyan society. In the education sector, the epidemic has severely affected quality, access, equity, supply and demand for education, thus reversing the gains made in the sector in the last ten years. Every Kenyan household is either affected or infected by the epidemic, and this affects individuals physically and psychologically. Strengthening the sector's capacity to respond to the epidemic will require a review of the policy on HIV/AIDS and curricula for various categories of educational institutions (primary, secondary, vocational/technical and non-formal education) in collaboration with the Kenya Institute for Education. MOE will need to initiate skills-based training relevant to AIDS in pre-service teacher training programs. One of the prospective partners in this activity is the Kenya Education Staff Institute (KESI) which is being assisted by USAID to become a center of excellence for teacher training. This activity will fund the development of curricula for pre-service teacher training to be used eventually in all diploma and certificate teacher training colleges as well as the production of the same. In 2007 we trained 6,000 teacher trainees who will take a second-year course in 2008 while the other 6,000 will be starting their first-year course. (In 2009 the first 6,000 teacher trainees will have graduated and begun to reach students in their assigned schools.) The trained teachers will each be expected to work with two inservice teachers during their teaching practice sessions, bringing the number reached to 24,000 teachers. As the "Education Sector Policy for HIV and AIDS" will be one of the materials used in the course, the cost of reproduction of this booklet will also be covered. Behavior change sensitization programs for communities, teachers, and personnel will help address HIV/AIDS in the education sector. Using a life skills approach as part of the school health program, sensitization will help build the capacity of teachers to address HIV/AIDS and substance abuse in educational institutions. Guidance and counseling services in educational institutions will be strengthened to help those suffering from stigma and trauma associated with HIV/AIDS.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This is one of the activities that contributes to the promotion of abstinence, being faithful and behavior change practices among youth.

3. LINKS TO OTHER ACTIVITIES

This activity carries forward previously approved activities in the 2007 COP programmed for OP. It will build on the 2007 activity with KIE to update and reproduce the Life Skills curriculum. The program directly responds to the AIDS policy for the education sector which was developed with the Mobile Task Team using 2004 PEPFAR funding, and the development of the District Education Management and Monitoring Information System. The program will complement the in-service teacher training being carried out by CfBT. With the inclusion of the AIDS policy in the pre-service teaching curriculum, this activity will strengthen the in-service training of teachers at the worksite through all seven APHIA II regional projects. This activity also links with AB (xxxx) and OHPS activities (#xxxx) with all regional APHIA projects.

4. POPULATIONS BEING TARGETED

The populations which will be directly affected include teacher trainees and indirectly their future students.

5. KEY LEGISLATIVE ISSUES

Messages will address gender norms and behaviors as well as stigma and discrimination. This is a wrap around in the education sector.

6. EMPHASIS AREAS

The major emphasis is on human resource development with minor emphases on information, education and communication as well as policy and guidelines.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17307, 17155, 14748

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17307	17307.08	7445	7445.08	TEPD	Academy for Educational Development	\$400,000
14748	4183.08	6935	369.08		Centre for British Teachers	\$750,000
17155	5100.08	7449	7449.08		Kenya Institute of Education	\$300,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

- * Training
- *** Pre-Service Training

Local Organization Capacity Building

- Wraparound Programs (Other)
- * Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	24,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	12,000	False

Target Populations			
General population			
Ages 15-24			
Men			
Ages 15-24			
Women			
Adults (25 and over)			
Men			
Adults (25 and over)			
Women			
Other			
Teachers			

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 17837.08

Activity System ID: 17837

Activity Narrative: PHE CONTINUING STUDY:

Project Title: Evaluation of prevention and care services for sex workers in Kisumu

Name of Local Co- Investigators: Institute of Tropical Medicine Antwerp and KEMRI/CDC-Kenya staff

Project Description:

This project will evaluate a package of integrated HIV prevention and care services for reducing the risk of HIV transmission between sex workers and their clients in Kisumu, Kenya. The evaluation addresses 4 main questions: 1) size, distribution and characteristics of the sex worker population 2) self-reported prevention and care needs 3) self-reported uptake of prevention and care services and 4) impact of services on risk behavior, STI syndromes and HIV prevalence. These questions will be investigated through a baseline and repeat cross-sectional surveys, in combination with formative work, and client exit interviews.

Timeline: FY 2008 = Year 3 of activity Year started: '06; Expected year of completion: 2010

Funds received to date: \$ 200,000 Funds expended to date: approximately \$100,000

Funds requested to complete the study: FY 08: \$200,000

Beyond FY08: \$ 300,000

Describe funds leveraged/contributed from other sources:

FACES, a PEPFAR funded program (a collaborative effort of KEMRI and UCSF) that provides care and treatment for HIV-positive family members, contributes to the project by providing ART, and technical assistance to the local implementing organization (FHOK).

Status of Study:

A protocol to conduct a baseline survey has been submitted to CDC in 2006, and was approved by ITM (July 06) and by KEMRI (March 07). We are still awaiting protocol approval from CDC. An amendment to this protocol will be developed to include a needs assessment among clients of sex workers, and a qualitative assessment of risk behavior and transaction sex through the completion of sex worker diaries.

Lessons Learned: N/A at this time

Information Dissemination Plan:

To share the baseline data with partners in Kisumu, the Ministry of Health, and PEPFAR implementing partners

To draft a manuscript with the main outcome data by end of 2008

Planned FY08 Activities:

1. To conduct/complete the formative work and the baseline survey in Kisumu while service delivery is ongoing, including:

 a. Mapping and census, focus group discussions and cross-sectional survey of HIV, STI, and sexual behavior among sex workers

b. Exit interviews of sex workers at the FHOK clinics (static and during mobile outreach services) to assess the level of satisfaction with the services

c. Measuring transactional sex through the use of detailed diaries by sex workers

d. Assessing the needs of clients of sex workers with regard to HIV prevention and care, which will lead to the development of a tailored intervention

 The analysis of the baseline data will give us an idea about current coverage of services, level of condom use, and HIV- and STI prevalence; it will also help to develop, refine and improve the quality of the services for sex workers and their clients based on their feedback;
 To diverging the deta of the baseline representation.

3. To disseminate the data of the baseline survey

Budget Justification for FY2008 Budget (USD):

Salaries/ fringe ber	efits: \$110,000
Equipment:	\$10,000
Supplies:	\$15,000
Travel:	\$20,000
Participant Incentiv	es: \$5,000
Laboratory Testing	\$10,000
Other:	\$30,000
Total:	\$200,000

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$200,000

HQ Technical Area: New/Continuing Activity: New Activity Continuing Activity: Related Activity: 17835, 14835

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17835	17835.08	6954	443.08		Institute of Tropical Medicine	\$300,000
14835	8746.08	6954	443.08		Institute of Tropical Medicine	\$100,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

People Living with HIV / AIDS

Coverage Areas

Nyanza

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 305.08

Prime Partner: International Rescue Committee

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 4149.08

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$132,500

Activity System ID: 14842

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful Programs (#6913), Counseling and Testing (#6912), Prevention of Mother-to-Child Transmission (#6911), Palliative Care: Basic Health Care and Support (#6909) and HIV/AIDS Treatment: ARV Services (#6914).

2. ACTIVITY DESCRIPTION

Founded in 1933, the International Rescue Committee (IRC) is a leading non-sectarian, voluntary organization providing relief, protection and re-settlement services for refugees and victims of oppression or violent conflict. IRC is committed to freedom, human dignity and self-reliance. This commitment is reflected in well-planned resettlement assistance, global emergency relief, rehabilitation and advocacy for refugees in 33 countries around the world 21 offices in America that assist resettling refugees. IRC has been operational in Kenya since 1992, focusing initially on health outreach activities in Kakuma Refugee Camp (KRC); from 1997, IRC became the sole implementing partner for the entire health sector in KRC, under the operational umbrella of UNHCR. With additional support from CDC, IRC started the implementation of an HIV/AIDS prevention and care program in Turkana District in KRC in September 2001 and in Lokichoggio (Loki) in February 2004 and Kalakol July 2005. Turkana district is an arid, vast and remote land where government infrastructure and social services are weak, poverty is high, and local pastoralists exist only with great difficulty. The total population of the target areas (Kakuma, Lokichoggio and Kalakol) for this program is 271,000 people (of which 91,000 are refugees). Currently there are approximately 16,000 individuals infected by HIV in Turkana, of which less than 1% are receiving any form of care and support. IRC is one of the few agencies working to meet these needs. The International Rescue Committee (IRC) will continue a comprehensive HIV prevention and care program for refugees and the host population in the Kakuma refugee camp, and in Lokichoggio and Kalokol in northeastern Kenya. IRC will enhance community involvement and mobilization, capacity building of partners and IRC staff, involvement of PLWHAs to foster a partnership between different players to ensure a sustainable prevention program. Messages promoting condoms and safer sexual behavior will reach 60,000 refugees, nomads, and humanitarian workers. 100 persons will be trained in the delivery of effective HIV prevention services. 50 condom outlets will be established. Young refugees separated from their families will be a special target as there are many unaccompanied youth and young adults in the camp, commonly referred to as the Lost Boys of Sudan. An important focus on the OP activity will be Positive prevention. Targeted interventions such as STI screening and treatment for individuals with HIV and their partners as well as behavioral interventions for individuals with HIV will be provided so that the project puts considerable prevention efforts to persons with HIV. This activity will link closely with counseling and testing that will actively promote knowledge of sero-status as the first step to positive prevention.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

60,000 at risk persons will be reached. 100 people will be trained and 50 condom outlets established.

4. LINKS TO OTHER ACTIVITIES

IRC is implementing a comprehensive program in the Kakuma refugee camp, with links to International Rescue Committee AB activity (#6913); International Rescue Committee CT activity (#6912); International Rescue Committee PMCT activity (#6911); International Rescue Committee ARV Services activity (#6914); and International Rescue Committee HBHC activity (#6909).

5. POPULATIONS BEING TARGETED

The activities implemented by IRC in this program area will work to prevent HIV infection among adult men and women, most at risk populations including refugees, humanitarian aid workers and transport workers transiting to southern Sudan (a form of migrant workers), underserved and nomadic populations of Turkana district, and commercial sex workers and their clients. Many of the young people living in the refugee camp have had their educations disrupted and can be considered out-of-school youth. IRC will work with local community organizations and community, program, religious leaders and refugee counterpart volunteers. It will also target the Turkana host community, a largely rural community. People living with HIV/AIDS will also be targeted as well as varied cadre of public health care workers both within and outside the refugee camps.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The primary legislative issue addressed in this project is addressing gender equity in HIV/AIDS programs, addressing male norms and behaviors and reducing violence and coercion, particularly sexual violence affecting young refugee girls and women.

7. EMPHASIS AREAS

This activity includes major emphasis on human resources and minor emphasis on community mobilization/ participation, development of network systems, information education and communication and training as detailed in the activity description above. The factors that increase project costs include the insecurity, isolation, distance between locations, severe lack of infrastructure in the district, difficulty in recruiting and retaining qualified staff, and higher staff salaries to compensate for the hardship location. Project costs reflect the current lack of local capacity and need to provide trainings and other capacity building support to partners in the district.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6910

Related Activity: 14840, 14841, 14845, 14846

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20517	4149.20517. 09	HHS/Centers for Disease Control & Prevention	International Rescue Committee	9076	305.09		\$183,234
6910	4149.07	HHS/Centers for Disease Control & Prevention	International Rescue Committee	4235	305.07		\$125,000
4149	4149.06	HHS/Centers for Disease Control & Prevention	International Rescue Committee	3225	305.06		\$175,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14840	4150.08	6956	305.08		International Rescue Committee	\$80,000
14841	4805.08	6956	305.08		International Rescue Committee	\$192,500
14845	4774.08	6956	305.08		International Rescue Committee	\$200,000
14846	4809.08	6956	305.08		International Rescue Committee	\$350,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** Pre-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	50	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	60,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

Mechanism ID:	662.08	Mechanism:	N/A	
Prime Partner:	International Medical Corps	USG Agency:	HHS/Centers for Disease Control & Prevention	
Funding Source:	GHCS (State)	Program Area:	Condoms and Other Prevention Activities	
Budget Code:	HVOP	Program Area Code:	05	
Activity ID:	6610.08	Planned Funds:	\$275,000	
Activity System ID:	14837			
Activity Narrative:	THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.			

The only changes to the program since approval in the 2007 COP are:

+ Geographic coverage has been revised (or expanded) to include Migori district.

+ FY 2007 PLUS UP ADDITIONS: This plus-up will support expanded activities currently implemented by the International Medical Corp in Suba district, Nyanza as described in the 2007 COP. IMC is currently undertaking a district-wide door-to-door family level testing for all of Suba district. This strategic opportunity will allow for prevention education to be provided at family level as well as at community level as mobilization for the door-to-door testing is carried on. IMC will therefore implement the Families Matter! intervention to help parents discuss HIV prevention matters with their adolescent children, including extended family members who live under their custody. This intervention will cater for the highly vulnerable adolescent orphans who are an increasing population of highly vulnerable youth in Suba district. A related challenge in Suba is gender-based violence, particularly inflicted upon adolescent orphans and other vulnerable children living with hosts, relations and friends. Anti-rape and anti-sexual abuse campaigns will be conducted as part of the general prevention education. (Gender-based violence \$100,000). + \$28,000 of this activity is programmed with funds from the \$7 million FY 2008 plus up for the Healthy Youth Programs Initiative.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6907) and Prevention of Mother-to-Child Transmission (#6906).

2. ACTIVITY DESCRIPTION

The International Medical Corps (IMC) is already working in the areas of PMCT, CT, and TB/HIV in Suba District. IMC has recently begun providing VCT on a number of islands in Lake Victoria with high concentrations of young male fishermen, fish mongers, and informal commercial sex workers. On some of these islands, the ratio of men to women is as high as six men to one woman. Outreach VCT to these islands has been well accepted, with as much as 20% of the populations on some islands accepting testing. HIV rates in VCT clients are very high; on some islands, over 40% of the women and over 20% of the men tested are HIV infected. IMC has also found that there are many concurrent partnerships and sexual networks, factors which may contribute to high HIV incidence. Additionally, the prevalence of other STDs among the sexually active population is very high at 40%. IMC will intensify community outreach and targeted behavioral interventions for high-risk groups in Suba, primarily focusing on the beach community. It will work with the migratory populations to try to interrupt the high HIV incidence on these islands. IMC proposes to reach these fisher folks and commercial sex workers on 45 beach landings on 12 islands on the Suba part of Lake Victoria. IMC will work in close collaboration with CDC and other implementing partners in Suba to ensure synergy and appropriate linkages between the various services available. IMC will train 400 beach workers from amongst the local community to enable them carry out intensive activities aimed at significantly reducing sexual risk behaviors among 50,000 individuals. 400 condom outlets will be established.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The program will reach 50,000 at risk individuals, train 400 people and establish 400 condom outlets.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to activities in Counseling and Testing (#6907) and Prevention of Mother-to-Child Transmission (#6906).

5. POPULATIONS BEING TARGETED

The target population is primarily mobile populations, including business community and community leaders. Commercial sex workers and their partners will be targeted as will public health care workers and traditional healers. Given the high prevalence in Suba district, PLWHAs and HIV/AIDS affected families will be targeted. Adult men and women, out of school youth and discordant couples will be targeted.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This project will address social norms and behaviors and reducing violence and coercion. This activity will also make a contribution towards reducing stigma and discrimination.

7. EMPHASIS AREAS

Community mobilization is a major emphasis area, while human resources, training and information, education and communication and needs assessment are minor emphases.

Continuing Activity: 6908

Related Activity: 14836, 14839

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20511	6610.20511. 09	HHS/Centers for Disease Control & Prevention	International Medical Corps	9075	662.09		\$275,000
6908	6610.07	HHS/Centers for Disease Control & Prevention	International Medical Corps	4234	662.07		\$175,000
6610	6610.06	HHS/Centers for Disease Control & Prevention	International Medical Corps	3256	662.06		\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14836	4239.08	6955	662.08		International Medical Corps	\$330,000
14839	4772.08	6955	662.08		International Medical Corps	\$1,200,000

Emphasis Areas

Gender

* Reducing violence and coercion

Human Capacity Development

- * Training
- *** Pre-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	400	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	400	False

Target Populations

General population		
Ages 10-14		
Boys		
Ages 10-14		
Girls		
Ages 15-24		
Men		
Ages 15-24		
Women		
Adults (25 and over)		
Men		
Adults (25 and over)		
Women		
Special populations		
Most at risk populations		
Street youth		
Most at risk populations		
Persons in Prostitution		
Other		
Business Community		
Discordant Couples		
People Living with HIV / AIDS		
Coverage Areas		

Coverage Areas

Nyanza

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 692.08

Prime Partner: Impact Research and Development Organization

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 6583.08

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Condoms and Other Prevention Activities Program Area Code: 05

Planned Funds: \$3,072,500

Activity System ID: 14823

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

+ Geographic coverage has been revised (or expanded) to include the Sugar Belt region (Miwani, Chemelil, Kibos and Muhoroni), characterized by transactional and commercial sex work and vulnerable mobile populations. Additionally, FY 08 MC funds will allow IRDO's circumcision services to expanded to multiple areas in Siaya and within the DSS, as well as other health facilities in Suba District.

+ The target population has been revised (or expanded) to include sex workers in the Sugar Belt region adjacent to Kisumu, young men in high risk occupations such as transport sector (bus/matatu touts and drivers, bicycle taxis, and beach populations especially in Suba district).

+ Other changes include: In collaboration with the MOH, the Nyanza Circumcision Consortium, through IRDO, will work on targeted roll-out of MC services in Nyanza. Service roll-out will initially target areas with high existing demand for MC services and will be integrated into discordant couples services for discordant male partners of women in care and treatment programs. Mobile service provision will be provided by mobile teams consisting of approximately five people (including 2 clinical officer, 2 VCT counselor, 1 surgical nurse, 1 sterilizer/cleaner and 1 driver) targeting high risk groups, such as uniformed services personnel and truck drivers, and areas of very high HIV prevalence. For example, mobile services will be provided in Suba district, Kenya's highest HIV prevalence district, to complement the current door-to-door VCT program that PEPFAR is supporting there. In addition, services will be provided within areas such as the Demographic Surveillance Study area where operational evaluation can be conducted and in other areas where PEPFAR services exist. Service delivery capacity building will be rolled out in district hospitals and some private facilities where providers have been trained and where other USG PEPFAR partners, including KEMRI, are currently working. In addition to training, support will be provided for non-consumable commodities (i.e. autoclaves, instrument packs, surgical lamps, etc...) personnel and other infrastructure that will be necessary for MC service delivery. Additionally, the funds will enable the piloting of provision of circumcision to infants as well as further expansion of training and service provision based on leveraging ability of funds from other sources, including the Ministry of Health and the Gates Foundation. + \$50,000 of this activity is programmed with funds from the \$7 million FY 2008 plus up for the Healthy Youth Programs Initiative.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful Programs (#6896), Counseling and Testing (#8751) and HIV/AIDS Treatment/ARV Services (#7090) and Palliative Care: Basic Health Care and Support (#6870).

2. ACTIVITY DESCRIPTION

Impact Research & Development Organization (IRDO) will reach 120,000 at-risk and vulnerable youth and other persons engaged in risky sexual behavior under the Tuungane behavior change project with condoms and other prevention activities. It will continue to work through the seven youth-friendly centers in six major slum neighborhoods of Kisumu City, in Nyanza Province and a central referral and coordination center at Tuungane central. Tuungane will continue to encourage the involvement of adolescent girls and young mothers through targeted activities for girls. This project will also target various high-risk groups including bodaboda and matatu operators, street youth, out of school youth, partners and clients of sex workers, bar workers and discordant couples identified through their CT services. Most importantly, Tuungane will develop interventions for positive prevention among individuals with HIV. These will include behavioral interventions targeting PLWAs. Given Tuungane's focus on girls and young women, another intervention will entail prevention of unintended pregnancies among girls and young women. In addition to the existing STI prevention services offered by this project, Tuungane will intensify STI screening and treatment for individuals with HIV and their partners. Through its linkage with USCF's FACES project, Tuungane will ensure access to care and treatment, including ART for positive people identified through the project. Overall, this project will promote leadership by individuals with HIV in the positive prevention efforts. An important need identified by the project in the previous year is addressing sexual violence through integrating it into the education for behavior change activities and providing Post Exposure prophylaxis. Education and sensitization on alcohol and substance abuse will be integrated into the condoms and other prevention activities whenever appropriate. Tuungane has demonstrated a remarkable strength in implementing intensive and quality interventions in the community and has useful lessons which will be scaled up to the underserved and highly vulnerable population of Suba district in Nyanza. Tuungane will work with youth in Suba as well as with identified high-risk groups, including the beach community to provide comprehensive OP education. Given IRDO's technical capacity, specific interventions will be evaluated for effectiveness by the Kenvan researchers who are part of the staff of Impact Research and Development Organization. Significant changes from 2006 to 2007 for this activity include the scale up to Suba. Another important addition in FY 2007 is the focus on positive prevention. This project will actively involve existing youth community groups to enable it to rapidly expand behavior change activities for youth in the slums. Service delivery will be improved through mobile integrated services including provision of free counseling services for youth, including street youth and referrals for free STI treatment.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Abstinence and faithfulness activities and information on correct and consistent use of condoms targeting youth in the slum areas of Kisumu will significantly contribute to the PEPFAR goals of averting HIV infections. Specifically, this project will train 300 youth leaders to reach 120,000 individuals with condoms and other prevention services. 50 condom outlets will be established.

4. LINKS TO OTHER ACTIVITIES

Tuungane's OP activities in Kisumu slums relate to activities in CT (#8751), ART (#7090), AB (#6896) and STI treatment. Linkages between existing youth service providers include the Family Health Options of Kenya, the Network for Adolescents and Youth in Africa, local youth groups, and the Municipal Council of Kisumu. A strong referral linkage will be strengthened for individuals with HIV. Currently, referrals for young couples are made to the KEMRI/CDC PEPFAR-supported patient support center of the Nyanza provincial general hospital as well as the FACES project. PLWHAs who are aged 21 years and above are referred for psychosocial support to FACES and most of those aged 21 years or below enroll in Tuungane's support group.

5. POPULATIONS BEING TARGETED

Activity Narrative: This activity targets the general population including men and women of reproductive age as well as youth. It also targets special populations, mainly most at risk populations such as discordant couples, street youth (many of whom are men who have sex with men) and out-of-school youth. At community level, this program will target community and religious leaders, most of whom will work in a volunteer capacity in their respective areas of work. Through its alcohol intervention, brothel owners and bar workers will be targeted. Existing community structures will be utilized including youth and community organizations as well as faith-based organizations. It will also work with private and public health care providers to strengthen STI screening and treatment and referrals for HIV/AIDS care and treatment.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This project will address key legislative issues particularly gender issues. The project will work at increasing gender equity in its programming, particularly enhancing the participation of young women in the Other Prevention activities. Participatory approaches will be employed to address male norms and behaviors as well as the reduction of violence and coercion through participatory education and training. Stigma and discrimination will be addressed through intensive community education and sensitization forums.

7. EMPHASIS AREAS

This program will have a major emphasis in Community mobilization/participation. Minor emphasis will be in development of network/linkages/referral systems, Information Education and Communication, training and needs assessment. This is an expansion to the existing COP 2007 activity. Impact Research and Development Organization's Tuungane project will expand its support to at-risk youth in the Kisumu slums and youth/young people involved in alcohol and substance abuse. This expansion will also allow for a minimal start up in a selected location in Suba district, where the Tuungane project has recently set up new project activities focusing on the fisherfolk community of Suba District, Nyanza province. The expansion in Kisumu silums. These will include Mamboleo, Kibos, Nyamasaria and Kisian areas. Additionally, the Tuungane project will intensify its campaigns against sexual violence, which is a rampart practice significantly affecting adolescent girls. These activities will be integrated into the existing broader prevention program, including increasing linkages and referrals to counseling and testing

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6897

Related Activity: 14822, 14824, 15023

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20490	6583.20490. 09	HHS/Centers for Disease Control & Prevention	Impact Research and Development Organization	9072	692.09		\$794,375
6897	6583.07	HHS/Centers for Disease Control & Prevention	Impact Research and Development Organization	4229	692.07		\$930,000
6583	6583.06	HHS/Centers for Disease Control & Prevention	Impact Research and Development Organization	3259	692.06		\$260,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14822	4246.08	6952	692.08		Impact Research and Development Organization	\$1,632,500
14824	8751.08	6952	692.08		Impact Research and Development Organization	\$500,000
15023	4138.08	7011	288.08		University of California at San Francisco	\$4,930,305

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** Pre-Service Training

Male circumcision

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	50	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	120,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	300	False

Indirect Targets

Target Populations

General population Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women **Special populations** Most at risk populations Men who have sex with men Most at risk populations Street youth Most at risk populations Non-injecting Drug Users (includes alcohol use) Most at risk populations Persons in Prostitution Other **Discordant Couples** People Living with HIV / AIDS

Coverage Areas

Nyanza

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 375.08

Prime Partner: Hope Worldwide

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 6579.08

Activity System ID: 14818

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Condoms and Other

Prevention Activities

Program Area Code: 05

Planned Funds: \$125,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

+ Geographic coverage has been revised (or expanded) to include expansion of the workplace program to Kibwezi: Sisal Plantation and Kitengela: EPZ, Mavoko municipality;

+ Expansion of Men as Partners (MAP) programs to the non-military uniformed services nation-wide;

+ MAP training in Kajiado and Eldoret will focus on Gender and Female Genital Cutting as mitigating factors in the prevention of HIV

+ Prevention with positives to be a main focus of community activities.

+ \$28,000 of this activity is programmed with funds from the \$7 million FY 2008 plus up for the Healthy Youth Programs Initiative.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful Programs (#6892) and (#6893), Counseling and Testing (#6894), and Orphans and Vulnerable Children (#6891).

2. ACTIVITY DESCRIPTION

Hope Worldwide (HWW) will provide condoms and other behavioral interventions targeting 35,000 high risk individuals and will train 300 people to implement activities focused on sexual risk reduction, and 40 condom outlets will be supported. Hope Worldwide is a faith-based charity founded in 1991 by the International Churches of Christ. Its programs are designed to provide medical treatment, poverty relief and restore hope among those who are downcast as a result of disease, poverty or abandonment. They are directed toward helping people regain their worth and realize their potential. In 2003, CDC funded Hope Worldwide through a locally executed contract to start up youth targeted HIV/AIDS prevention including VCT in slums of Nairobi. With funds from the Presidential Initiative, Hope Worldwide scaled up these highly valued youth targeted activities initiated with funds from CDC. Through this activity, Hope Worldwide will continue working to decrease risk based on gender inequalities by increasing male involvement in HIV prevention, care and support, and parent / youth communication. This will be through implementing the Men As Partners' behavior change program. This training especially focuses on increasing male involvement in HIV prevention through increasing awareness of gender biases, domestic violence, rape, drug and alcohol abuse, and crime. It facilitates dialogue and communication among participants and encourages them to be the agents of change in their communities. HWWK mobilizes people and communities for VCT and operates youth friendly centers, several of which are also condom outlets. Work is being implemented in High Transmission Areas and with populations that include truckers, sex workers, "night populations", bar and night club attendants, and people living with HIV/AIDS among others. In FY 2006, HWW initiated an innovative approach to providing VCT services dubbed 'Moonlight VCT' targeting truckers and sex workers at hotspots. An important element of this Moonlight initiative includes providing STI treatment to high-risk groups. Additionally, an emphasis will be placed on STI screening and treatment for individuals with HIV and their partners.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

During the FY 2008 project period, a total of 35,000 individuals will be reached with community outreach programs that promote safer sexual behavior through promoting condoms and other prevention services. 3,000 STI clients will receive treatment through three project sites. 300 individuals will be trained to provide condoms and other prevention behavior change services to young people and high-risk individuals through peer educator training, magnet theatre training and community leaders training. HWW will continue to implement the Men As Partners (MAP) life skills curriculum in all of its project sites. 40 condom outlets will be supported.

4. LINKS TO OTHER ACTIVITIES

HWW's OP activities relate to PEPFAR-funded counseling and testing activity (#6894) and orphans and vulnerable children activity (#6891). HWW is also funded for additional and separate AB activities (#6893) and under Track 1 (#6892). HWW will further ensure that prevention is sustained as a component under the OVC activities to reduce the vulnerability of OVCs to HIV infection. HWW also implements an active VCT activity and will strengthen access to CT through mobile CT services to underserved populations.

5. POPULATIONS BEING TARGETED

This activity targets the general population with messages on safer sexual behavior including adult men and women. It works closely with out of school youth slum and street youth in the central business district of Nairobi's One-stop Youth Center within its geographic target areas. It will also target HIV/AIDS affected families and People Living with HIV/AIDS. This activity also targets "Most-at-Risk" populations including discordant couples, commercial sex workers at trucking hotspots and their partners. It will also target at-risk youth who are exposed to truck drivers in various hot spots. The Kibwezi and Ongata Rongai sites target young migrant workers working in sisal farms and quarries. Community leaders, program managers and religious leaders will be targeted for training in promotion of HIV/AIDS prevention through their involvement in community-based organizations and faith based organizations. HWW works with community volunteers and those on internship programs from local universities. It will work with public and private health care workers to strengthen STI screening and treatment.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in HIV/AIDS programs and address male norms and behaviors as well as reducing violence and coercion through training youth using the Men As Partners curriculum. Stigma and discrimination will be reduced as a result of the varied approaches that will be employed in behavior change communication as HWW works to build competent communities.

7. EMPHASIS AREAS

The major emphasis will be on community mobilization and participation. Minor emphasis will be on development of networks and referral linkages, provision of information, education and communication materials, training youth and leaders and human resources.

New/Continuing Activity: Continuing Activity

Continuing Activity: 6895

Related Activity: 14817, 14816, 14819

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20485	6579.20485. 09	HHS/Centers for Disease Control & Prevention	Hope Worldwide	9070	375.09		\$175,000
6895	6579.07	HHS/Centers for Disease Control & Prevention	Hope Worldwide	4228	375.07		\$150,000
6579	6579.06	HHS/Centers for Disease Control & Prevention	Hope Worldwide	3240	375.06		\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14817	4198.08	6950	375.08		Hope Worldwide	\$175,000
14816	5460.08	6949	3727.08	ANCHOR	Hope Worldwide	\$450,000
14819	4786.08	6950	375.08		Hope Worldwide	\$600,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	40	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	35,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	300	False

Target Populations

General population			
Ages 10-14			
Boys			
Ages 10-14			
Girls			
Ages 15-24			
Men			
Ages 15-24			
Women			
Adults (25 and over)			
Men			
Adults (25 and over)			
Women			
Special populations			
Most at risk populations			
Street youth			
Most at risk populations			
Persons in Prostitution			
Other			
Discordant Couples			
People Living with HIV / AIDS			
Religious Leaders			
-			
Coverage Areas			

Nairobi

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 443.08Mechanism: N/APrime Partner: Institute of Tropical MedicineUSG Agency: HHS/Centers for Disease
Control & PreventionFunding Source: GHCS (State)Program Area: Condoms and Other
Prevention ActivitiesBudget Code: HVOPProgram Area Code: 05
Planned Funds: \$445,000

Activity System ID: 14834

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

+ Geographic coverage has been revised (or expanded) to include 3-4 other clinics of Family Health Options Kenya (Nakuru, Nairobi and 2 others);

+ Other changes include the development of prevention interventions for sex workers living with HIV

+ \$56,000 of this activity is programmed with funds from the \$7 million FY 2008 plus up for the Healthy Youth Programs Initiative.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful Programs (#6903) and Counseling and Testing (#8746), (#6941).

2. ACTIVITY DESCRIPTION

This activity is being implemented by the Institute of Tropical Medicine (ITM) in collaboration with Family Health Options Kenya, a local partner. ITM is already implementing a project targeting youth, their families, and the local community in several rural areas of Nyanza province. In June 2006, ITM expanded its activities to Kisumu town to target young vulnerable women, including sex workers, with HIV prevention and care services. Free health services are offered at an integrated clinic, including management of STIs, HIV testing and ART for HIV-positive clients. A network of peer educators is being established to promote safer sex practices. Towards the end of 2006, ITM, in collaboration with CDC and the Kenya Medical Research Institute, plans to conduct a needs assessment and baseline survey of HIV, STI and associated risk behavior. The findings of this assessment will be used to refine the interventions; Nyanza Province is the area of Kenya with the highest HIV incidence and prevalence, and therefore this activity with highly at-risk populations is of great urgency. In this project, 100 people will be trained to deliver the intervention. 17,000 individuals will be reached with targeted HIV prevention messages. ITM will also integrate an alcohol and HIV prevention initiative that will reach 500 men. 7 condom outlets will be established.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This project will contribute to the Kenya Five-Year Strategy which focuses on HIV prevention in youth, as the primary target group will be young women. Targets in this project will contribution to HIV infections averted among 17,000 at-risk individuals. 100 people will be trained, and 7 condom outlets will be established.

4. LINKS TO OTHER ACTIVITIES

This activity will be linked to KEMRI CT activity (#6941) implemented by other CDC partners in Kisumu (KEMRI) and will be linked to the Institute of Tropical Medicine AB activity (#6903) and CT activity (#8746) already being implemented by ITM in Nyanza province.

5. POPULATIONS BEING TARGETED

Young male and female adults, both those already engaged in CSW and out-of-school young girls and women living in the environs of Kisumu who are vulnerable to beginning CSW, will be targeted by these activities. This project will also work with PLWHAs and a mainly most at risk populations including commercial sex workers. Important entry points to this work will be through targeting brothel owners, community leaders and community as well as NGO organizations.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This project will have a strong gender component, including increasing women's access to income and productive resources as an alternative to engaging in full time or part time commercial sex work. Services will be provided to these women, including detection and treatment of both HIV and other STIs, counseling for behavior change, and services to help these vulnerable young women with alternate sources of employment and income. This will also address gender equity in HIV/AIDS programs and male norms and behavior through targeting at risk men. Stigma and discrimination will be addressed through these efforts.

7. EMPHASIS AREAS

The main emphasis area covered by this activity is Human resources. Minor emphases include the development and implementation of Information, Education and Communication activities, conducting needs assessment, training and providing quality assurance, quality improvement and supportive supervision. This will support an expansion of existing 07 COP activities implemented by the Institute of Tropical Medicine (ITM)'s Pambazuko project. The expansion will cover additional areas of Kisumu hotspots targeting young vulnerable women, including sex workers and their clients. It will also target at-risk men, including MSM. An important addition to this intervention will be provision of lubricant gels alongside condom promotion to increase condom use, efficiency and acceptability. This expanded activity will also provide interventions for Positive Prevention among positive people and their partners including linkages to partner counseling and testing, increased access to treatment of STIs for HIV-positive patients and their partners and an active involvement of PLWHA in spearheading PWP activities. There will also be increased support to the sub-partner, Family Health Options Kenya to allow the project develop an autonomous management structure through co-location with the implementing agency.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6904

Related Activity: 14833, 14835, 14880

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20507	4852.20507. 09	HHS/Centers for Disease Control & Prevention	Institute of Tropical Medicine	9074	443.09		\$615,391
6904	4852.07	HHS/Centers for Disease Control & Prevention	Institute of Tropical Medicine	4232	443.07		\$650,000
4852	4852.06	HHS/Centers for Disease Control & Prevention	Institute of Tropical Medicine	3741	3741.06		\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14833	4217.08	6954	443.08		Institute of Tropical Medicine	\$705,000
14835	8746.08	6954	443.08		Institute of Tropical Medicine	\$100,000
14880	4087.08	6964	210.08		Kenya Medical Research Institute	\$3,300,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	7	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	17,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	False

Target Populations

General population Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women **Special populations** Most at risk populations Men who have sex with men Most at risk populations Persons in Prostitution Other **Business Community** People Living with HIV / AIDS

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 7794.08

 Prime Partner:
 Global Outreach for Addiction

 Leadership & Learning

 Funding Source:
 Central GHCS (State)

Budget Code: HVOP

Activity ID: 17668.08

Activity System ID: 17668

Mechanism: New Partners Initiative

USG Agency: U.S. Agency for International Development Program Area: Condoms and Other

Prevention Activities

Program Area Code: 05

Planned Funds: \$0

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to: Counseling & Testing (#8781), Abstinence and Be Faithful Program (#8950), HIV/AIDS treatment services (#8813).

2. ACTIVITY DESCRIPTION

This activity has four components. The first component will involve direct reach-out to 1,200 high and most at risk populations, who will be provided with education on the link between HIV/AIDS transmission and substance addiction and abuse. Prevention activities under the OP program will promote correct and consistent use of condoms among those most at risk for infection and ensure the availability of the condoms to the target populations. Behaviour change education will be provided to young adults to address practices such as cross generational sex, transactional sex and coercive sex. The focus will be on reducing multiple conjugal partnerships which perpetuate the spread of HIV among the youth and adults. HIV/AIDS prevention education will also seek to increase the individual's perception of the risks of having multiple or concurrent sexual partners and will encourage adoption of social norms that facilitate partner reduction and fidelity. Referrals for HIV/AIDS and substance abuse treatment and care services will be incorporated in this activity.

The target population includes individuals engaging in high risk behaviour such as those engaging in casual sexual encounters, those engaging in sex in exchange for money or favors, and those using drugs, alcohol and other substance of abuse. Among them are commercial sex workers, public transport (matatu) drivers and their assistants, sexually active youth who will be reached by their respective trained peer educators and prisoners who will be reached by the trained prison officers.

This activity will be implemented in collaboration with Sarah Network which works through five local sub implementing partners; Aniga Women Initiative, WAPIS, Caring Mothers, Wema Widows and Upako Center. The following strategies will be used in promoting HIV/AIDS and substance abuse prevention through healthy behaviours: education on HIV/Aids transmission link with substance abuse or addiction, behavior change through risk reduction counseling, mentoring and peer outreach, encourage voluntary counseling and testing and promote correct and consistent use of condoms.

The second component in this activity will involve training 30 probation officers, 30 prison officers and 170 peer educators to promote HIV prevention through other behaviour change approaches. In FY 08, the prison officers will reach 450 prisoners and prison officials. This activity will be done in collaboration with the Ministry of Home Affairs' Prisons department under the AIDS control unit and with other USG funded organizations working in the prisons. Each of the 30 trained probation officers will be expected to educate 20 other people with information on HIV/AIDS and substance abuse. The peer educators selected by Aniga Women Initiatives, WAPIS, Wema Widows, Caring Mothers and Upako Center will in turn reach a total of 2,650 people with information on HIV/AIDS and substance abuse. Training guides developed by GOAL and SARAH Network, other locally USG funded partners and other organizations shall be used for training.

The third component in this activity involves developing a DVD with information on the link between HIV and substance abuse. The DVD will be shown to passengers in the taxi van purchased for WAPIS plying on the Banana-Nairobi route daily. The DVD will provide basic education to the passengers who will be referred to the WAPIS office for more information. An estimated 600 people will be reached through this media. Matatu drivers and touts reached by peer educators will also be shown the DVD.

The fourth component in this activity will be to support vulnerable target populations such as commercial sex workers and youth to start income generating activities that do not expose them to HIV infection. 10 commercial sex workers working with Caring Mothers Project in Mombasa after being educated on HIV/AIDS and substance abuse will be helped to start alternative sources of income such as soap making, hair dressing and crop farming. 17 youth who have been working with Upako center in Kawangware slums will be given life skill training and supported to start tailoring as an income generating activity. Beneficiary individuals will thus be provided with alternative source of income that reduces their vulnerability to HIV infection.

3. CONTRIBUTIONS TO OVERALL PROGRAM

This activity will contribute to the Kenya 5-Year Strategy and the PEPFAR /Kenya objectives and results that focus on HIV prevention targeting high-risk groups. Targets in this project will contribute to HIV infections averted. Targeted populations will be reached through community outreach activities that will include one on one discussion, door to door campaigns, peer education, small group discussions and information, education and communication. An estimated 4,300 individuals will be reached under the OP program.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in counseling and testing ((#8781), HIV/AIDS treatment services (#8813) and A&B Program (#8950). GOAL will collaborate with other USG funded organizations providing voluntary counseling and testing services such as Liverpool VCT, Nazareth Mission Hospital, AMPATH and others to promote counseling and testing. This will also be done in collaboration with the Ministry of Health. Those who test positive will be referred to USG funded organizations or Ministry of Health hospitals and other health facilities for HIV/AIDS treatment services. Those abusing alcohol and other substance of abuse will be referred to other USG funded, government or other health facilities for treatment. They will also be encouraged to join recovery support groups. The link with other program areas such as abstinence and being faithful, counseling and testing will strengthen this activity.

5. POPULATIONS BEING TARGETED

This activity targets most at risk populations such as commercial sex workers, incarcerated populations, injecting drug users, non injecting drug users including alcohol users, mobile populations like public transport drivers and their assistants, discordant couples and other persons who engage in sexual relationships with more than one person. Populations being targeted will be educated on the link between HIV/AIDS and substance abuse and encouraged to adopt risk reduction strategies such as correct and consistent use of condoms.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Gender: Activities meant to address women's and men's behaviors and inequalities between men and

Activity Narrative: women that increase their vulnerability to and impact of HIV/AIDS. Women organizations such as Aniga Women Initiatives, Wema Widows and Caring Mothers will be incorporated in the design and implementation of HIV/AIDS prevention programs. They will be educated on HIV/AIDS and substance abuse and expected to participate in community outreach activities. GOAL/SARAH Network will collect data that will show the breakdown of men and women receiving prevention activities. Women who are vulnerable to HIV infection due to poverty such as widows brewing illegal alcohol will be supported to start alternative income generating activities that will reduce their vulnerability to HIV infection. Community members will be educated on the need and importance to reduce HIV/AIDS related stigma and discrimination reduction

7. EMPHASIS AREAS

Training is the area of emphasis under this activity. This will involve activities that impart skills, knowledge and attitudes to individuals, groups or organizations to enhance their ability to provide quality HIV/AIDS prevention services that are responsive to their client's needs. This will include trainings delivered through a variety of modalities such as workshops and on the job training to teachers, probation officer and prison officers.

Community mobilization /participation under this activity will involve community resource persons/groups such as peer educators in providing HIV/AIDS and substance abuse prevention education to community members. IEC materials that are linguistically, culturally, and age appropriate supporting Emergency plan goals will be developed and/or disseminated. The local implementing sub-partners have volunteers who are only given incentives such as travel allowances as a retention strategy. Networking with other USG funded organizations and other stakeholders providing HIV/AIDS prevention, care and support services will be done. A referral system will be developed to ensure that target populations access other HIV/AIDS services not provided by this organization. Strategic Information is another area of emphasis. Data will be collected from the field using developed tools, collated, analyzed and reported to USAID using the KEPMS software. Routine measurement of program progress will be done and feedback given for accountability and quality. Improvements will be done on the information management system as need arises.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17669, 14812, 14813

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17669	17669.08	7794	7794.08	New Partners Initiative	Global Outreach for Addiction Leadership & Learning	\$0
14812	8781.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000
14813	8813.08	6948	4913.08	APHIA II - Coast	Family Health International	\$4,900,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- Retention strategy

Local Organization Capacity Building

New Partner Initiative (NPI)

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	10	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,300	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	230	False

Target Populations

General population
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Special populations
Most at risk populations
Injecting drug users
Most at risk populations
Incarcerated Populations
Most at risk populations
Non-injecting Drug Users (includes alcohol use)
Most at risk populations
Persons in Prostitution
Most at risk populations
Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Religious Leaders

Teachers

Coverage Areas

Coast

Nairobi

Nyanza

Rift Valley

Western

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	4076.08	Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention	USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP	Program Area Code:	05
Activity ID:	18093.08	Planned Funds:	\$105,200
Activity System ID:	18093		
Activity Narrative:	THIS IS AN ONGOING ACTIVITY. THE NAP REFERENCES TO TARGETS AND BUDGE GAP AND GHAI.	RATIVE IS UNCHANGED	EXCEPT FOR UPDATED S FUNDS ARE SPLIT BETWEEN
	The only changes to the program since apprint + In FY 08 CDC a new technical advisor FSM approaches to HIV prevention, including malimplementing partners across agencies to er funding. In line with our '08 OP strategy and play a lead role in coordinating the multi-ager CSWs and for Positive Prevention. CDC Ker and programmatic guidance on prevention at programming. During FY 2008 CDC will reor objectives and to support FY 2008 OP progrations. LIST OF RELATED ACTIVITIES This active 2. ACTIVITY DESCRIPTION In FY 2007 CD and non-governmental partners to assist in the covered under Condoms and Other Preventing guidance to local partners to ensure the tech Plan guidelines, and to ensure that these provide techra activities in Dadaab refugee camp. The provide techra activities in Dadaab refugee camp. The provide CDC staff will work closely with the Institute of programmatic soundness of the young vulne intensive day to day support to over fifteen lo CHF International. The sub-grantees working sugar plantation workers, sex workers, mataf sector. CDC will provide technical guidance i Positive Prevention. This important behaviora narratives for a majority of HVOP CDC partnered to a sector of the young volte of the provide technical guidance i Positive Prevention. The types of activities cDC provide guidance intensive day to a provide technical guidance i Positive Prevention. The types of activities for a majority of HVOP CDC partneres the provide guidance intensive day to a provide technical guidance i Positive Prevention. The types of activities CDC will provide technical guidance i Positive Prevention. The types of activities cDC partneres the provide guidance to provide guidance intensive day to a provide guidance i Positive Prevention. The types of activities CDC partneres provide guidance to provide guidance i provide guidance i Positive Prevention. The types of activities CDC partneres provide guidance to provide gu	A position is proposed who of e circumcision. This advisor hsure careful coordination w our staffing for results appr ncy efforts to develop a com nya staff will provide an inte ctivities guided by the PEPF rganize its existing staff in lia am strategic priorities. vity relates to all activities in C will continue to work with he implementation of a wide on. CDC Kenya staff will pro- nical soundness of these pro- params receive appropriate hational Rescue Committee hical support to the State De- ision of technical guidance i of Tropical Medicine (ITM) to rable women project in Kisu ocal FBOs and CBOs throug g in this area serve a broad tu and transport workers am n FY 2007 to help partners al approach has already bee ers. A new project to be sup ung men enrolling in the Kis DC technical staff engage in	will work with all USG ith MOH plans and other donor oach, CDC technical OP staff will oprehensive prevention package for nsive level of technical assistance AR condoms and other prevention ne with staffing for results Condoms and Other Prevention. Government of Kenya agencies range of HIV prevention services wide technical assistance and ograms, adherence to Emergency monitoring and evaluation. CDC to implement OP activities in the spartment-funded UNHCR for s a key element of this partnership. De ensure the technical and imu. In addition, CDC provides ih a capacity building project with range of at-risk groups including d those in the 'jua kali' informal in this program area focus on en incorporated in the activity oported by this mechanism will be umu male circumcision project (non include training in workplan
	and non-governmental partners to assist in the covered under Condoms and Other Preventing guidance to local partners to ensure the tech Plan guidelines, and to ensure that these pro- Kenya has a close partnership with the Intern Kakuma refugee camp and will provide techn activities in Dadaab refugee camp. The provide CDC staff will work closely with the Institute of programmatic soundness of the young vulne intensive day to day support to over fifteen lo CHF International. The sub-grantees working sugar plantation workers, sex workers, matal sector. CDC will provide technical guidance i Positive Prevention. This important behaviora narratives for a majority of HVOP CDC partno one providing behavioral interventions for you	he implementation of a wide on. CDC Kenya staff will pro- nical soundness of these pro- orgrams receive appropriate hational Rescue Committee nical support to the State De- sision of technical guidance i of Tropical Medicine (ITM) to rable women project in Kisu ocal FBOs and CBOs throug g in this area serve a broad tu and transport workers and n FY 2007 to help partners al approach has already bear ers. A new project to be sup ung men enrolling in the Kisu OC technical staff engage in d evaluation plans, training to	e range of HIV prevention services ovide technical assistance and ograms, adherence to Emergency monitoring and evaluation. CDC to implement OP activities in the epartment-funded UNHCR for s a key element of this partnership. Do ensure the technical and mu. In addition, CDC provides th a capacity building project with range of at-risk groups including d those in the 'jua kali' informal in this program area focus on en incorporated in the activity oported by this mechanism will be umu male circumcision project (non include training in workplan o bring local CBO and NGO staff up

work is devoted to supporting HIV prevention interventions.

technical assistance to the non-military uniformed services of Kenya, including the National Youth Service, Kenya Prisons, Kenya Wildlife Service, and the police. The CDC Kenya OP technical team includes one Direct Hire (USDH) who has extensive international experience in implementation of behavioral HIV prevention programs and will provide 5% of time to OP. One locally employed staff works 50% of her time on this program and proposes to add one locally employed technical staff member to share the increasing workload. In addition, CDC Kenya will draw on technical staff through the KEMRI COAG to coordinate the uniformed services project. This team OP team will be supported by two locally employed drivers whose

HQ Technical Area:

Continuing Activity:

Related Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	9253.08	Mechanism:	APHIA II - Nairobi
Prime Partner:	Pathfinder International	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)	Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP	Program Area Code:	05
Activity ID:	21267.08	Planned Funds:	\$600,000
Activity System ID:	21267		
Activity Narrative:	updated August 2008 reprogramming; activity	/ narrative in separate file (per OGAC guidance)
HQ Technical Area:			
New/Continuing Activity:	New Activity		
Continuing Activity:			
Related Activity:			

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	303.08
Prime Partner:	University of Nairobi
Funding Source:	GHCS (State)
Budget Code:	HVOP
Activity ID:	19436.08
Activity System ID:	19436
Activity Narrative:	
HQ Technical Area:	
New/Continuing Activity:	New Activity
Continuing Activity:	
Related Activity:	

Mechanism:	Department of Obstetrics and Gynecology
USG Agency:	HHS/Centers for Disease Control & Prevention
Program Area:	Condoms and Other Prevention Activities
Program Area Code:	05
Planned Funds:	\$50,000

Budget Code:	HBHC
Program Area Code:	06

Total Planned Funding for Program Area: \$40,971,769

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$51,000
Estimation of other dollars leveraged in FY 2008 for food	\$150,000

Program Area Context:

HBHC Program Level Narrative COP 2008

Key Result 1: Provide HIV care for 550,000 people, including 55,000 children.

Key Result 2: Provide a basic care package to 200,000 HIV+ persons, including safe water, cotrimoxazole prophylaxis, and multivitamins.

Key Result 3: Increase integration of programs providing prevention, care, and treatment to people living with HIV (PLHIV).

Key Result 4: Improved patient identification and referral to HIV care programs.

Key Result 5: Expand community networks and develop new networks to care for PLHIV.

Key Result 6: Establish/expand legal support programs to support inheritance planning and the right of widows to inherit property.

CURRENT PROGRAM CONTEXT

Kenya has made tremendous gains in HIV care and treatment services in the last three years. In this area, the Emergency Plan (EP) supports a clinical care model focusing on Patient Support Centers (PSC) or Comprehensive Care Centers (CCCs) that offer HIV testing, clinical monitoring, diagnosis and treatment of opportunistic infections (OI), links to support groups, and prevention of secondary transmission (Prevention with Positives or PwP). Community-based support complements these activities through nutritional supplementation, psychosocial support activities, microfinance and income-generating activities, and legal support.

STATISTICS

In 2007, an anticipated 400,000 of the 1.4 million HIV+ Kenyans will be provided with USG-supported facility-, community-, and/or home-based palliative care at over 500 service delivery sites. Of the 340,000 persons in enrolled in clinical care, 75,000 persons will receive a standardized basic health care package, including cotrimoxazole prophylaxis, "WaterGuard" (a safe water system), and multivitamins. To date, 66% of Kenyans provided with HIV care are women.

In 2008 persons counted as receiving palliative care will receive at least one clinical service, plus at least one service in another domain of palliative care (psychological, spiritual, social, or preventive). 550,000 Kenyans will receive palliative care, including 55,000 children.

SERVICES

Key 2008 program emphases include expansion of basic care package coverage, extension of palliative care services to lower level health facilities, expansion of pediatric care services, and increasing incorporation of PwP activities within basic care services.

In 2008, basic care package coverage will expand to reach 200,000 PLHIV. By utilizing the basic care package in all geographic regions, USG will increase coverage to include lower level facilities and standardize service provision to ensure patients receive cotrimoxazole, bednets (in malaria endemic areas), WaterGuard, vitamins, and condoms. Consumable items (condoms, WaterGuard, multivitamins) will be re-supplied on a continuing basis. Cotrimoxazole will be supplied through the Partnership for Supply Chain Management System (PSCMS) and be distributed through PSC / CCC or dispensaries.

PSCs remain concentrated in urban and peri-urban areas. Emphasizing palliative care services at rural lower level health facilities will increase HIV basic health care coverage. EP support will strengthen these health care delivery sites, including commodity and logistic support and ART referral mechanisms. Staff will receive integrated HIV care training following Ministry of Health (MOH) curricula instructing them in prevention, identification, and management of OIs; clinical monitoring of HIV-infected adults, children, and infants; and appropriate counseling and education. The community-based component will include treatment literacy, OI management, ART and TB treatment adherence, adequate nutrition, home hygiene and nursing skills, malaria prevention and treatment, family planning (supported with non-GHAI resources), and identification and referral of persons suspected to be co-infected with HIV and TB. In 2008, EP funds will continue to support regional activities such as quality assurance, clinical

mentoring, and supervision based upon the network model.

Involvement of the community and PLWHA groups will continue at all levels through psychosocial support groups, continued linkages with the community through counseling and testing, general HIV treatment awareness activities, and wraparound food programs and income-generating activities. The USG-funded palliative care program embraces the full spectrum of services providing integrated and comprehensive home and basic health care to PLHIV linked to PSCs, CCCs, and rural dispensaries. Through training-of-trainers programs, health workers from primary care facilities receive comprehensive and integrated care instruction, and community-based health care workers train primary caregivers at home to complement facility-based services.

EP funds will also strengthen and expand pediatric diagnosis and care services. Key emphasis will be placed on identifying the 100,000-150,000 children estimated to be HIV-infected through early infant diagnosis and rapid testing through provider-initiated testing (with PMTCT programs as an entry point), family-centered care services, and in- and out-patient settings. Maternal child health centers (MCHs) or CCCs will manage and follow the infants and children of HIV+ women. Pediatric care will expand for children through the development of pediatric models within MCH, PSCs, and CCC.

PwP activities will be strengthened at care facilities and at the community level. Recently developed materials for health care providers incorporating consistent prevention messages regarding HIV status disclosure, partner testing, and condom use to prevent sexual transmission will be distributed nationally by National AIDS and STI Control Programme (NASCOP). The EP will support prevention within discordant couples through support services, training, and condom provision. In addition, communication and education efforts will increase knowledge about HIV discordance within care and treatment settings and strategies to decrease HIV transmission through improved ART adherence, STI screening, and family planning services.

REFERRALS AND WRAPAROUND PROGRAMMING

Formal linkages between health facilities and community-based activities will enhance effective care, follow-up, referral tracking, and monitoring of patient outcomes and satisfaction. Both health care workers and community and home-based care workers will be trained on effective referral. Lay treatment support volunteers will be recruited and trained using the Catholic Relief Service training curricula to provide psychosocial support and adherence support for ART, TB, and clinic visits. This activity will mobilize and strengthen the organizational and institutional capacity of district-level facilities to integrate, plan, lead, monitor, and evaluate home and community care support programs. Quality assurance and quality improvement for both facility and community interventions will be key in ensuring that standards of care are met. Care providers will be trained on the MOH Standard Operational Procedures.

POLICY

Definitions of care have been promulgated in GOK policy documents but not enforced, primarily due to a lack of materials and drugs in lower-level health facilities. Fully equipped home-based care kits have until recently been unavailable due to restrictions on drug procurement. The distribution of home-based kits and therapeutic nutrition supplements through civil society and government facilities will help resolve these issues. Finally, to fortify referral networks between communities and the government, Capable Partners and the Health Policy Initiative will work with the Department of Children's Services and the National AIDS Control Council to improve their databases and to nurture the relationship between these agencies.

In Kenya, the MOH severely restricts the use of opioids for palliative care, including end-of-life care. Through Mildmay International and support to the Kenya Hospice and Palliative Care Association, the USG team will advocate for policy changes to broaden access to pain medication in ways that will increase the ability of providers to alleviate suffering while maintaining safeguards against medication abuse.

WORK OF HOST GOVERNMENT AND OTHER IMPLEMENTING PARTNERS

Provision of home-based care and other social support for PLHIV through NGOs and CBOs is part of Kenya's National AIDS Strategic Plan 2005-2010 and the NASCOP Home-based Care Strategy for 2004-2008. There is an effort to standardize practice to meet national guidelines. In 2003, home-based care guidelines for Kenya were finalized with significant technical and financial contributions by USG agencies that have been further involved in guideline dissemination and use in practice. DFID provides significant support for home-based care with an emphasis on Nyanza Province. The World Health Organization has provided technical support for integrated management of adult and childhood illnesses.

MONITORING AND EVALUATION

A national survey conducted at 60 EP-supported sites completed data collection in August 2007 and data analysis is ongoing. This project will yield data indicating the key components provided by EP funded palliative care programs as well as from patients receiving services.

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1300
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	553300
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	4600

Custom Targets:

Mechanism ID: 7792.08

Prime Partner: Christian Reformed World Relief Committee Funding Source: Central GHCS (State)

Budget Code: HBHC

Activity ID: 17558.08

Activity System ID: 17558

Mechanism: New Partners Initiative

USG Agency: U.S. Agency for International Development Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06

Planned Funds: \$0

Activity Narrative: THIS IS A NEW ACTIVITY.

1. LIST OF RELATED ACTIVITIES

CRWRC and its partners will also initiate and expand social activities within the community, schools, and churches (drama groups, choir, and poetry) that contain messages that reduce stigmatization of OVC and PLWAs. At least 750 church and community leaders will be equipped as trainers-of-trainers (TOTs) on stigma reduction using existing HIV/AIDS stigma reduction manuals and encouraged to include HIV/AIDS messages in their sermons and public addresses. They, in turn, will train another 20,000 individuals in the community to address HIV-related stigma and discrimination.

2. ACTIVITY DESCRIPTION

In partnership with three faith-based organizations in Kenya, namely; Western Region Christian Community Services, an agency of the Anglican Church of Kenya, will implement the program in all eight districts of the Western Province. KAMATAKIMO, which is also an agency of the Anglican Church, will target Kitui and Mwingi districts in Eastern Province. Plateau Mission Hospital, an agency of the Reformed Church of East Africa, will target Uasin Gishu district in Rift Valley Province. Christian Reformed World Relief Committee (CRWRC) will improve the well-being of people living with HIV/AIDS and their families. A key strategy is to link with local community-based health care programs and the district-level Ministry of Health to facilitate access to home-based care for PLWAs in order to ensure improvement of the quality of these services over time. During FY 2008, CRWRC and its partners will provide 3,300 individuals with HIV-related palliative care and train 1,600 individuals to provide HIV-related home-based palliative care.

CRWRC and its partners will mobilize and train 1,600 individuals from community and church groups to provide home-based care to PLWAs using the Training Home-Based Caregivers to Care for People Living with HIV/AIDS at Home curriculum (developed by the National AIDS Control Council). CRWRC has already received a list of certified HBC trainers at district level from NASCOP. CRWRC will have all three Program Coordinators trained as certified trainers in the HBC curriculum.

Trained community mentors/volunteers will visit households weekly to problem-solve issues of health, nutrition, and psychosocial care with caregivers; make referrals as needed to clinical care and other support services; provide family-friendly information on disease transmission, prevention, treatment, and locally available services; channel health and livelihood-supportive resources to families; and to develop PLWA caregiver support groups which can provide both spiritual and psychosocial support.

In addition to these services, CRWRC and its partners will raise awareness about health care services available to PLWAs through community forums, churches, community centers, and other gatherings.

3. CONTRIBUTIONS TO OVERALL PROGRAM

This activity will contribute toward the 5-year target of providing care to 10 million people infected or affected by HIV/AIDS. In FY 2008, CRWRC and its partners will provide palliative care to 3,300 individuals infected with HIV. During FY 2008, the emphasis will be on building local capacity for long-term sustainability of palliative care by establishing community-based groups and training 1,600 volunteers to provide these services. CRWRC's program builds on and expands the networks of informal caregivers by providing them with training and support they require to be more effective.

4. LINKS TO OTHER ACTIVITIES

Home-based care (HBC) in Kenya is community-based, with most of the care provided by community volunteers operating under the supervision of NGOs and CBOs. In addition to good nutrition, quality HBC includes clinical care, nursing care, counseling and psycho-spiritual care, and social support. CRWRC and its partners will use the national curriculum to train their volunteers to provide the multifaceted HBC services. This will be done in close collaboration with NASCOP and other PEPFAR agencies like PATH under APHIA II. In addition, CRWRC and its partners will link PLWAs where available, to one mobile clinic per district through the Ministry of Health (MOH).

5. POPULATIONS BEING TARGETED

CRWRC and its partners will scale up care services for PLWAs in all eight districts of the Western Province, Kitui and Mwingi districts in Eastern Province, and Uasin Gishu district in Rift Valley Province.

The program is targeting men and women living with HIV/AIDS aged 15-49. An inventory form has been developed to enroll new PLWAs into the program and assess their care needs. The community level committees and volunteers will identify the needy households and provide the needed care and support based on the needs as highlighted during the inventory process.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues are included in the emphasis areas described in section 7 below.

7. EMPHASIS AREAS

The program will address human capacity development through in-service training of health care workers, community and religious leaders and caregivers to provide palliative care to individuals affected by HIV/AIDS. Lessons on volunteer retention will also be drawn from the ongoing OVC and other development programs. Other emphasis areas to be addressed by this program area include CRWRC's on-going local organization capacity building of the three partner organizations and coordination of the health management information system for tracking PLWAs reached with HBC. This program area is funded through the New Partner Initiative.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14800

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14800	8929.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$900,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- * Retention strategy

Local Organization Capacity Building

New Partner Initiative (NPI)

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,300	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	1,600	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Coverage Areas Eastern Rift Valley

Western

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 210.08 Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 18256.08

Activity System ID: 18256

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06

Planned Funds: \$300,000

Activity Narrative: PHE CONTINUING STUDY:

Project Title: Comprehensive care and treatment coverage and impact assessment in the comprehensive package study in the demographic surveillance site

Name of Local Co- Investigators: Kenya Medical Research Institute and CDC-Kenya staff

Project Description:

This project evaluates four main questions 1) the current coverage and effectiveness of HIV care and treatment programs 2) the decline in morbidity and mortality associated with the additional provision of a community-based care package compared to the current comprehensive care provision at area health care facilities 3) the effectiveness of using a TB screening questionnaire by home-based VCT staff to identify and refer persons for TB diagnostic services; and 4) the cost-effectiveness of different care and treatment service delivery models. These questions will be investigated in a matched cluster-randomized trial with a two by two factorial design within the comprehensive package study in the demographic surveillance site in Western Kenya.

Timeline: FY 2008 = Year 2 of activity Year started: '07 SI Plus Up funding; so beginning late in '07. Expected year of completion: 2010

Funding: Funds received to date: \$0 Funds expended to date: \$0

Funds requested to complete the study: FY 08: \$300,000 Beyond FY08: \$250,000 For FY'09

Describe funds leveraged/contributed from other sources:

This PHE is nested in the larger CPS which is also supported by other PEPFAR-Kenya program areas. In addition, the CPS leverages the DSS which is jointly supported by several CDC Divisions through KEMRI. Through this platform, we are able to use rigorous methods to address our care and treatment program and policy questions and obtain population-level impact data at very low cost. In addition, 85,000 people will benefit from comprehensive HIV prevention, care and treatment services as part of this study, including an estimated 5000 people living with HIV.

Status of Study:

A protocol has been drafted and is being reviewed by MOH, KEMRI, CDC and other collaborators. Staffing plans and SOPs are currently being drafted. As soon as '07 Plus-Up Funding becomes available and IRB approval is finalized, baseline study implementation as well as service delivery, including home-based VCT for the whole study population, will begin.

Lessons Learned: N/A at this time.

Information Dissemination Plan:

Results will be disseminated through the care and treatment Technical Working Group at the national level as well as through regional meetings for comprehensive care providers. In addition, we will share results with PEPFAR implementing partners as well as the PEPFAR USG Kenya team.

Planned FY08 Activities:

During FY08, service delivery and evaluation will continue until the entire study population of Gem has been covered. During FY08, analysis of baseline data will allow for completion of question 1 above, e.g. a comprehensive assessment of current coverage and effectiveness of comprehensive care and treatment delivery in this rural Nyanza population. Results will be disseminated and used to inform national policy and scale-up plans as well as PEPFAR '09 planning.

Budget Justification for FY2008 Budget (USD):

Salaries/ fringe ben	efits: \$105,000
Equipment:	\$50,000
Supplies:	\$25,000
Travel:	\$30,000 -
Participant Incentive	es:\$ -
Laboratory Testing:	\$90,000
Other:	\$ -
Total:	\$300,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Pregnant women
Discordant Couples
People Living with HIV / AIDS

Coverage Areas

Nyanza

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 9253.08

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 21406.08

Activity System ID: 21406

Activity Narrative: Updated August 2008 reprogramming.

USG Agency: U.S. Agency for International Development Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06 Planned Funds: \$385,000

Mechanism: APHIA II - Nairobi

HQ Technical Area: New/Continuing Activity: New Activity Continuing Activity: Related Activity:

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 521.08 Prime Partner: Indiana University Funding Source: GHCS (State) Budget Code: HBHC Activity ID: 5103.08 Activity System ID: 14828 Mechanism: USAID-AMPATH Partnership USG Agency: U.S. Agency for International Development Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06 Planned Funds: \$2,000,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. HOWEVER, THE NARRATIVE HAS BEEN SUBSTANTIALLY CHANGED TO REFLECT THE FACT THAT THIS ACTIVITY IS UNDER COMPETITION AND NO AWARDS HAVE BEEN MADE YET

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8758), ARV Services (#6899, #7004), Palliative Care: TB/HIV(#6900) and PMTCT (#6898).

2. ACTIVITY DESCRIPTION

This activity will support the services previously implemented by the Academic Model for the Prevention and Treatment of HIV/AIDS (AMPATH). AMPATH was a broad initiative by Moi University School of Medicine (MUSM), Moi Teaching and Referral Hospital (MTRH), Indiana University School of Medicine (IUSM) and other US academic medical centers. Moi University Faculty of Health Sciences (MUFHS) is one of two schools of medicine, nursing and public health in Kenya, now providing medical and health education to over 700 students. Indiana University School of Medicine collaborated with MUFHS since its inception in 1990. By July 2007, AMPATH had a total of 19 HIV/AIDS care clinics and screening programs, including Moi Teaching and Referral Hospital, six district hospitals (Kabarnet, Busia, Webuye, Teso, Kapenguria, and Kitale), and eleven rural health centers (Mosoriot, Turbo, Burnt Forest, Amukura, Chulaimbo, Naitiri, Khunyangu, Port Victoria, and Mount Elgon). In COP 2008 supported activities will include: strengthening of the regional referral center (Moi Teaching and Referral Hospital) to serve as a referral center for HIV/AIDS care, including strengthening of laboratory capacity and management of complicated medical cases, and establishment of quality and best practice standards for HIV care. Patient referrals and linkages with other services such as TB, VCT and PMTCT programs will be supported through this partner and other Emergency Plan partners. During this period, more patients will be enrolled into care in the 19 care and treatment sites.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

By September 30, 2009, this activity will provide treatment to more than 75,000 patients, thus contributing to 14% of the USG targets for this program area. This activity will support the expansion of palliative care services to 19 service outlets and the training of 200 individuals in the provision of HIV-related palliative care services.

4. LINKS TO OTHER ACTIVITIES

These activities support and link to the network center at Moi Teaching and Referral Hospital, and link to other services such as TB/HIV (#6900), PMTCT (#6898), CT (#8758) and ARV Services (#6899) programs supported primarily by this partner. There are well-established links with other services supported by this and other partners for example, diagnostic testing for HIV among TB patients, orphan support programs and other community services.

5. POPULATIONS BEING TARGETED

The main populations targeted by this activity are people affected by HIV/AIDS such as people living with HIV/AIDS, HIV positive pregnant women and their families. Other populations targeted are health workers who will benefit from training in order to enhance service provision.

6. KEY LEGISLATIVE ISSUES

The main legislative issues addressed in this activity are stigma and discrimination and gender. The program uses novel approaches to the support of treatment, and provides business skills training and promotes micro-enterprise for HIV infected patients, especially women. These approaches are designed to reduce stigma against persons living with AIDS and increase gender equity.

7. EMPHASIS AREAS

The major emphasis area in this activity is training of health workers, with two minor emphasis areas being infrastructure improvement and community mobilization/ participation by use of PLWHA in care activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6901

Related Activity: 14827, 14830, 14831, 14832

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20500	5103.20500. 09	U.S. Agency for International Development	Indiana University	9073	521.09	USAID- AMPATH Partnership	\$300,000
20499	5103.20499. 09	U.S. Agency for International Development	Indiana University	9073	521.09	USAID- AMPATH Partnership	\$2,020,000
6901	5103.07	U.S. Agency for International Development	Indiana University School of Medicine	4230	521.07		\$1,400,000
5103	5103.06	U.S. Agency for International Development	Indiana University School of Medicine	3254	521.06		\$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14827	4233.08	6953	521.08	USAID-AMPATH Partnership	Indiana University	\$600,000
14830	12474.08	6953	521.08	USAID-AMPATH Partnership	Indiana University	\$300,000
14831	8758.08	6953	521.08	USAID-AMPATH Partnership	Indiana University	\$500,000
14832	4234.08	6953	521.08	USAID-AMPATH Partnership	Indiana University	\$6,800,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training
- * Task-shifting

Wraparound Programs (Other)

- * Economic Strengthening
- * Food Security

Food Support

Estimation of other dollars leveraged in FY 2008 for food \$100,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	19	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	75,000	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	200	False

Indirect Targets

Target Populations

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Rift Valley

Western

Nyanza

Table 3.3.06: Activities by Funding Mechansim

Prime Partner: International Rescue Committee Funding Source: GHCS (State)

Budget Code: HBHC Activity ID: 4148.08

Activity System ID: 14843

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06

Planned Funds: \$200,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services (#6914), Counseling and Testing (#6912), and PMTCT (#6911).

2.ACTIVITY DESCRIPTION

International Rescue Committee (IRC) will maintain and scale-up provision of palliative care services to 700 HIV-infected individuals, including 70 children at 4 sites in Kakuma, Lokichogio and Lodwar in Turkana District, Rift Valley Province, targeting both refugees and the local population. Turkana District, the largest district of Kenya, is home to a pastoralist community which is livestock dependent, highly mobile, and has extremely limited access to health services, especially HIV/AIDS services. The district lies on the main truck route between Mombasa and the relief operations in northwestern Kenya and southern Sudan via Lodwar, Kakuma, and Lokichogio. Lokichogio is the main transit center for refugees from Sudan and a base for provision of refugee services. The area is remote, with a population characterized by high rates of absolute poverty (74%) and food poverty (81%). General health services are limited and poorly distributed throughout the district. IRC will support a package of services that includes clinical evaluation and laboratory monitoring, provision of cotrimoxazole prophylaxis, treatment of opportunistic infections, nutritional support and improved access to safe drinking water and malaria prevention interventions; 50 health care workers will also be trained to provide palliative care services. IRC will build on established programs that are currently providing care for people with HIV at health centers within the refugee camps to provide treatment for refugees and will build on existing collaborative relationships with health facilities supported by Africa Inland Church to provide treatment for the local population. IRC will expand care programs by providing technical support, supporting staff salaries, training staff, conducting laboratory evaluation, and providing adherence counseling and monitoring.

IRC has been implementing an HIV/AIDS prevention program and outreach to hard-to-reach populations and rural communities in this area since September 2001. They are uniquely suited to provide care in refugee situations and remote areas and will build on very substantial existing medical capacity in the camps. They have a strong relationship with the local mission hospital, relying on the hospital for operating theatres, OB/GYN care, and other services, and are already collaborating with the mission hospital to build capacity related to provision of basic health services for people with HIV. Targets are modest because of the extreme remoteness of these areas, and the challenges associated with conducting activities in the refugee camps. A significant change from FY 2006 to FY 2007 for this activity include expansion of sites and number of people reached, increase emphasis on provision of care for the local community at the Kakuma Mission Hospital and Lodwar District Hospital and increased emphasis on provision of care for children.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of access to IRC-supported palliative care services for people with HIV, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

4. LINKS TO OTHER ACTIVITIES

These activities will link to ARV treatment services (#6914), Counseling and Testing services (#6912), and PMTCT (#6911) provided by IRC, and to coordination of ARV scale up supported through National AIDS and STD Control Program (#7004).

5. POPULATIONS BEING TARGETED

This activity targets the refugees local populations, especially people living with HIV/AIDS. HIV rates are high among the local Turkana. Although the prevalence of HIV is lower in the refugee populations, HIV infection is now the leading cause of adult death in this group. IRC is mindful of concerns related to continuation of care in the event of repatriation and has the appropriate collaborations in place to facilitate access continued care for repatriated refugees.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to provision of care and treatment for refugee populations and stigma and discrimination.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, human resources, local organization capacity building, community mobilization, quality assurance and supportive supervision, logistics, and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6909

Related Activity: 14840, 14844, 14845, 14846

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20519	4148.20519. 09	HHS/Centers for Disease Control & Prevention	International Rescue Committee	9076	305.09		\$40,000
20518	4148.20518. 09	HHS/Centers for Disease Control & Prevention	International Rescue Committee	9076	305.09		\$300,000
6909	4148.07	HHS/Centers for Disease Control & Prevention	International Rescue Committee	4235	305.07		\$100,000
4148	4148.06	HHS/Centers for Disease Control & Prevention	International Rescue Committee	3225	305.06		\$62,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14840	4150.08	6956	305.08		International Rescue Committee	\$80,000
14844	12458.08	6956	305.08		International Rescue Committee	\$50,000
14845	4774.08	6956	305.08		International Rescue Committee	\$200,000
14846	4809.08	6956	305.08		International Rescue Committee	\$350,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,400	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	100	False

Target Populations

General population			
Children (under 5)			
Boys			
Children (under 5)			
Girls			
Children (5-9)			
Boys			
Children (5-9)			
Girls			
Ages 10-14			
Boys			
Ages 10-14			
Girls			
Ages 15-24			
Men			
Ages 15-24			
Women			
Adults (25 and over)			
Men			
Adults (25 and over)			
Women			
Other			
People Living with HIV / AIDS			
Refugees/Internally Displaced	Persons		

Rift Valley

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 7444.08

Prime Partner: Academy for Educational Development Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 17843.08

Activity System ID: 17843

Activity Narrative: PHE CONTINUING STUDY:

Project Title: Randomized controlled evaluation of the impact of food supplements on malnourished HIV-infected adult ART clients and malnourished, HIV-infected adult pre-ART adults in Kenya.

Name of Local Co- Investigator: Dr. David L. Mwaniki, Kenya Medical Research Institute (KEMRI), Nairobi

Project Description:

The PHE investigates the impacts of food supplementation on nutritional and clinical status of malnourished, adult ART and pre-ART clients. HIV-infected adults with BMI<18.5 at six sites in Kenya are randomized to receive either a micronutrient-fortified blended food and nutritional counseling, or nutritional counseling alone during their initial six months of ARV treatment (ART clients) or during six months of cotrimoxazole treatment (pre-ART clients). Data on subjects' nutritional status, clinical status, quality of life, and drug adherence are collected for six months of supplementation and six months of follow-up. Those receiving food are compared to those who are not.

Timeline: FY 2008 = Year 3 of activity Year started: FY 2006 Expected year of completion: FY 2008

Funding:

Funds received to date: \$680,000[Note: These are funds from USAID/Nairobi; other funds for this PHE are listed below.]

Funds expended to date: \$413,005

Funds requested to complete the study: FY 08: None requested. Beyond FY08: None requested.

Describe funds leveraged/contributed from other sources: The USAID Office of HIV/AIDS provided \$100,000 to supplement the funds provided by USAID/Nairobi.

Status of Study: Currently the PHE is being implemented in the field and data collection is ongoing.

Lessons Learned:

Data collection is still ongoing and results are not yet available. One initial lesson learned is that default rates are a significant problem among both ART and pre-ART clients. This appears to be a problem both among those receiving food and those not receiving food, and based on discussion with the Government of Kenya and analysis of other site data, it appears to be a problem at many sites in the country. Formative assessment is needed to identify the reasons for default and actions to address this.

Information Dissemination Plan:

When the PHE is completed, the FANTA Project and KEMRI will disseminate results through a meeting in Nairobi for national and international stakeholders; presentation of results to the Government of Kenya; sharing of the final report electronically with OGAC, USAID offices, WHO, UNICEF, and other stakeholders; presentation at international forums; and publication in a peer-reviewed journal.

Planned FY08 Activities:

During FY08, the field work will be completed, data will be analyzed, and results will be written up. Following review of initial results and the draft report, FANTA and KEMRI will produce a final report. It is planned to hold a meeting in Nairobi to present and disseminate the results of the study.

Budget Justification for FY2008 Budget (USD):

N/A. We have not included a FY2008 budget because no FY 2008 funds are required or requested for this PHE.

Mechanism: FANTA

USG Agency: U.S. Agency for International Development Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06

Planned Funds: \$0

HQ Technical Area: New/Continuing Activity: New Activity Continuing Activity: Related Activity: 14707

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	1432.08	Mechanism:	N/A
Prime Partner:	Columbia University Mailman School of Public Health	USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Central GHCS (State)		Palliative Care: Basic Health Care and Support
Budget Code:	HBHC	Program Area Code:	06
Activity ID:	17844.08	Planned Funds:	\$0
Activity System ID:	17844		

Activity Narrative: PHE CONTINUING STUDY:

Project Title: Development, Implementation, and Evaluation of a Comprehensive Prevention Intervention for HIV Care and Treatment Settings (multi-country PHE with Tanzania and Namibia- centrally directed and funded)

Name of Local Co- Investigator: Columbia University

Project Description:

Prevention interventions for HIV-infected individuals are an essential part of a comprehensive HIV prevention strategy. This is an interventional study focusing on provider-delivered prevention messages (disclosure, partner testing, condom use), family planning referral, STI screening and treatment, and use of community counselors that will be performed in three countries to evaluate the effectiveness of these clinic-based interventions. We will enroll and follow a cohort of HIV-positive patients receiving routine care in selected HIV clinics to assess these interventions' effectiveness at increasing partner testing and disclosure of serostatus, decreasing risky sexual behaviors, alcohol use, unintended pregnancies and STIs in HIV-infected persons.

Timeline: FY2008= Year 2 of activity Year started: 2007 Expected year of completion: 2009

Funding: Funds received to date: \$416,000 awarded in central funds Funds expended to date: 0

Funds requested to complete the study: FY 08: \$0 Beyond FY08: TBD

Describe funds leveraged/contributed from other sources: N/A.

Status of Study: Protocol currently being developed.

Lessons Learned: None—project not yet started.

Information Dissemination Plan:

The findings will have strong programmatic implications in Kenya and throughout Africa by guiding policy on prevention interventions in HIV care and treatment clinical settings. The results of the study will be disseminated to Kenya's Ministry of Health at the national, provincial, and district levels and regionally.

Planned FY08 Activities: To continue enrollment of participants and perform data analysis

Budget Justification for FY2008 Budget (USD): N/A - no funds requested for FY08.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14878, 14882

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14878	4088.08	6964	210.08		Kenya Medical Research Institute	\$252,844
14882	4091.08	6964	210.08		Kenya Medical Research Institute	\$2,879,695

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Pregnant women
Discordant Couples
People Living with HIV / AIDS
Coverage Areas

Nairobi

Nyanza

Mechanism ID: 483.08

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 17845.08

Activity System ID: 17845

Activity Narrative: PHE CONTINUING STUDY:

E CONTINUING STUDY:

Project Title: Empiric therapy of helminth co-infection to reduce HIV-1 disease progression

Name of Local Co- Investigator: KEMRI, University of Washington

Project Description:

Many individuals in areas of the world hardest hit by the HIV/AIDS epidemic are also infected with soiltransmitted helminths. It is important to determine whether routine treatment of helminth co-infection should be considered standard practice in the treatment of HIV-1 infected individuals in helminth endemic areas. We are conducting an evaluation to determine the effect of an intensive, empiric deworming regimen on changes in markers of HIV-1 disease progression, namely CD4 decline and plasma HIV-1 RNA levels, in a cohort of HIV-1 infected adult Kenyans not meeting criteria for antiretrovirals.

Timeline: FY 2008 = Year 2nd year of activity Year started: 2007 Expected year of completion:2009

Funding: Funds received to date: \$154,500.00 Funds expended to date: NONE

Funds requested to complete the study: FY 08: \$160,000.00 Beyond FY08: \$160,000.00

Describe funds leveraged/contributed from other sources: The University of Washington supports several of the personnel involved in this evaluation from other Grant sources.

Status of Study: KEMRI SSC approval obtained 4/07 KEMRI ERC approval obtained 07/07 University of Washington IRB approval pending Kilifi SSC approval 5/07 Kisumu District Hospital Site approval 04/07

Evaluation now in final planning stages. Data collection tools have been finalized and database development is underway. Staff hiring and training will commence once funds are released to permit. Anticipated start of recruitment is late August, 2007.

Lessons Learned: Pending.

Information Dissemination Plan:

We are now organizing Community Advisory Board's (CAB's) in Nairobi, Kisumu and Kilifi. Information about the evaluation will be disseminated to the community before, during and after the evaluation through the CAB's. In addition, the results of this evaluation will be submitted for publication in the peer reviewed literature.

Planned FY08 Activities:

We plan to initiate enrollment of subjects in August, 2007. We plan to continue enrollment until the target of 850 individuals is met and to continue three monthly follow up visits for all enrolled participants in FY 2008. Database development will continue and capacity building to improve service delivery at each of the evaluation sites will continue in FY 2008.

Budget Justification for FY2008 Budget (USD):

 Salaries/ fringe benefits:
 \$98,000

 Equipment:
 \$7,500

 Supplies:
 \$9,000

 Travel:
 \$10,000

 Participant Incentives:
 \$7,500

 Laboratory Testing:
 \$21,000

 Other:
 \$7,000

 Total:
 \$160,000

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$160,000

HQ Technical Area: New/Continuing Activity: New Activity Continuing Activity: Related Activity: 15036, 15039

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15036	4231.08	7020	483.08		University of Washington	\$300,000
15039	4232.08	7020	483.08		University of Washington	\$3,100,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
Pregnant women	
Discordant Couples	
People Living with HIV / AIDS	

Nairobi

Coverage Areas

Nyanza

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3676.08

Prime Partner: Mildmay International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 17846.08

Activity System ID: 17846

Mechanism: N/A USG Agency: U.S. Agency for International Development Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06 Planned Funds: \$0

Activity Narrative: PHE CONTINUING STUDY:

Project Title: The effectiveness of the distribution approach of the basic care package and the suitability of the package for the Kenyan Context

Name of Local Co- Investigator: Not yet identified, Mildmay international Kenya

Project Description:

USAID is currently piloting with the Ministry of Health (MoH) the introduction of a basic preventative care package, initially supplying packages to 150,000 patients across Kenya. This includes treated bednets, Cotrimoxazole (CTZ), Vitamin A, condoms and safe water vessels and is based upon the success of clinical trials undertaken in Uganda. These trials did not, however, address approaches to integration within a MoH systems and national level scale up. In this initiative Mildmay, in partnership with the MoH and key stakeholders, will evaluate the appropriateness of the contents of the package, distribution mechanisms and possible strategies for scale up.

Timeline:

FY 2008 = Year 2nd of activity Year started: to be started: 2007 Expected year of completion: 2008

Funding: Funds received to date: none Funds expended to date: none

Funds requested to complete the study: FY 07: \$ 250,000 FY 08: \$ 0 Beyond FY08: Not yet known

Describe funds leveraged/contributed from other sources: None

Status of Study: To be started.

Lessons Learned: N/A - study has not yet started.

Information Dissemination Plan: still to be determined.

Planned FY08 Activities:

The evaluation will be undertaken over a one year period, including report writing. It will use Action Research methodology, which emphasizes active participation of and ownership by stakeholders and participants. A survey of Provincial and District Health Management teams, health facilities, CHWs and patients will be undertaken in addition to observation and qualitative interviews with Key Informants. Key Informants will include patients and community representatives, policy makers, health service and support service managers. The evaluation will be undertaken by a research team comprising of specialist consultants from Kenya, and technical staff from Mildmay International. In addition, Mildmay is able to draw on specialist international consultants for specific aspects of the evaluation if required.

Population of Interest:

The evaluation will focus on four provinces, representing a range of prevalence rates and a comparison of urban and rural areas. Selection of the provinces will be made in collaboration with the MoH and stakeholders. The population understudy will include patients receiving the package, CHWs and MoH staff involved in distributing the package at community, health centre and district level. Systematic probability sampling will be used and an appropriate sampling frame will be developed in partnership with stakeholders.

Budget Justification for FY2008 Budget (USD): N/A - study is not requesting funds for FY08.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17027

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17027	8849.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$6,000,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 210.08 Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 17842.08

Activity System ID: 17842

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06 Planned Funds: \$62,000

Activity Narrative: PHE CONTINUING STUDY:

Project Title: A Retrospective Cohort Study Among HIV-infected Pregnant Women to Measure the Effectiveness of Daily Cotrimoxazole on Prevention of Placental Malaria

Name of Local Co- Investigator: KEMRI and CDC:

Project Description:

This project is a retrospective cohort study to determine the effectiveness of daily cotrimoxazole prophylaxis (CPT) in preventing placental malaria parasitaemia in pregnant HIV-infected women. WHO currently recommends that HIV-infected pregnant women receiving CPT for opportunistic infection prevention shouldn't also be provided with intermittent preventive treatment (IPTp) with sulfadoxine-pyrimethamine (SP) but the effect of CPT on placental malaria hasn't been demonstrated. The study plans to enroll 800 women (200 HIV-infected women who received IPTp with SP, 200 HIV-infected women who took CPT, 200 HIV-infected women who took neither SP nor CPT and 200 HIV-uninfected women who took IPTp with SP).

Timeline: FY2008= Year 2 of activity Year started: Year 1 funding cycle to begin September 2007 Expected year of completion: 2008

Funding: Funds received to date: \$178,000 awarded, not yet received Funds expended to date: 0

Funds requested to complete the study: FY 08: \$62,000 Beyond FY08: TBD

Describe funds leveraged/contributed from other sources: USD 60,000 will be contributed from CDC Atlanta by the emerging infections disease working group.

Status of Study:

Protocol currently being developed, submitted to local IRB. Consensus building with partners occurring in August 2007. Staff recruitment and training commencing in September 2007.

Lessons Learned: None—project not yet started.

Information Dissemination Plan:

The findings will have strong programmatic implications in Kenya and throughout Africa by guiding policy on how to effectively prevent malaria in pregnancy for HIV-infected pregnant women receiving CPT. The results of the study will be disseminated to Kenya's Ministry of Health at the national, provincial, and district levels and regionally.

Planned FY08 Activities: To continue enrollment of participants and perform data analysis.

Budget Justification for FY2008 Budget (USD):

Salaries/ fringe benefits: \$30,000 Equipment: \$ -Supplies: \$3,000 Travel: \$3,000 Participant Incentives: \$500 Laboratory Testing: \$23,000 Other: Communication \$2,500 Total: \$62,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14878

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14878	4088.08	6964	210.08	Kenya Medical Research Institute		\$252,844

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

Pregnant women

Coverage Areas

Nyanza

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 4913.08 Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8934.08

Activity System ID: 14809

Mechanism: APHIA II - Coast

USG Agency: U.S. Agency for International DevelopmentProgram Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$1,205,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

The APHIA II Coast HBHC activities will relate to HIV/AIDS treatment services (#8813), counseling and testing (#8781), Other Prevention (#8930), orphans and vulnerable children (#9048), TB/HIV care activities (#9062), AB (#8950) and PMTCT (#8764).

2. ACTIVITY NARRATIVE

This activity will provide integrated and comprehensive home and basic health care to 40,000 people with HIV/AIDS linked to 29 comprehensive care centers and 250 rural health facilities. Through a training of trainers, primary care facility health workers will be trained to provide comprehensive and integrated care training to home /community based care workers who in turn train the primary care givers at home, to complement the facility based services. At the health facility clinics integrated training following NASCOP/DRH/Malaria/NLTP curricula will be offered to identified staff to offer services for the prevention, identification and management of OIs, monitoring of the infected adults, children and their families, coupled with appropriate counseling and education. All babies born and children of HIV infected mothers will be followed up at the CCCs or MCHs in the 250 facilities and appropriately managed. A case manager will manage referrals to and from the community. The community based component will include treatment literacy, basic management of OIs, ART and TB treatment adherence, adequate nutrition, home hygiene and nursing skills , malaria prevention and treatment, FP and identification and referral of clients suspected of having HIV and TB. Formal linkages between health facilities and the community-based activities will be created to enhance effective care, follow-up, and tracking of referrals and assessment of patient satisfaction with the services. Both formal health care workers and community and home based care volunteer workers will be trained on effective referral. Lay treatment support volunteers will be recruited and trained, using the CRS training curricula to provide psychosocial support, adherence support for ART, TB and regular clinic visits. This activity will also lead to the mobilization and strengthening of organizational and institutional capacity of 10 District institutions to integrate, plan, lead, monitor and evaluate home and community care support programs. Quality Assurance and Quality Improvement of this activity for both facility and community intervention will be key in ensuring that standards of care are met. Care providers will be trained on the MOH SOPs. Through this activity, the organizational capacity of PLWA groups will be strengthened so as enable them to be pro-active leaders, advocates and participants in the response to the epidemic. In addition, this activity will lead to the linkage of 7000 families with economic support programs. Community members including PLWA and older OVC will be trained on this methodology and also in basic financial and management and skills for their projects and also linked to other microfinance institutions operating in the region. To ensure continued support for this effort at the community level, FBOs, CBOs, PLHA groups, women and youth groups will be trained in basic program and financial management skills as part of capacity building. Training of paralegals and child counselors will be expanded to the Districts of Kwale, Taita-Taveta, Lamu and Tana River.

The activity will be implemented by partners such as Catholic Arch Diocese of Mombasa, Catholic Diocese of Malindi as well as Coast people living with AIDS .With initiation of ART, the number of registered PLHA groups increased; however, although members of these groups are committed, the organizations are structurally weak and have not played a key role in HIV/AIDS programming in coast. In order to address this, the activity will work with National empowerment of networks of people living with HIV/AIDS in Kenya to build the technical capacity of these organizations and assist them to implement programs in their communities. Social impact will work intensively with these groups to strengthen their organizational capacity.

Provision of safe water supply in the homestead will be supported to reach 24,000 families through the use of approved hypo chloride treatment of water used for drinking and preparation of food. In addition, these families will be linked to a supply of insecticides treated bed nets targeting especially those with pregnant women and children under five years. Nutritionally deficient bed ridden patients will be supported with food supplements. Vulnerable households will be linked to food security and extension services.

This APHIA II Coast project will contribute to the Kenya National HIV/AIDS strategic plan 2005/6-2009/10 priority area 3 on improving the quality of life of people infected and affected by HIV/AIDS through provision of treatment and care services and promoting and protecting the rights and access to effective services for infected and affected.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The APHIA II Coast will reach 40,000 clients and 5,000 individuals will be trained to provide palliative care through 279 service outlets. This APHIA II Coast activity responds to NACC's priority areas #2 "Improve the quality of life of people infected and affected by HIV/AIDS" and #3 "Mitigation of socio-economic impact". It is expected that the APHIA II-TBD will adhere to GOK policies and guidelines and participate in national-level HIV technical working groups.

4. LINKS TO OTHER ACTIVITIES

HIV/AIDS treatment/ARV (#8813), Counseling and Testing (#8781), Condoms and Other Prevention (#8930), Orphans and Vulnerable Children (#9048), Palliative Care: TB/HIV (#9062), Abstinence and Be Faithful (#8950) and Prevention of Mother to Child Transmission (#8764). Efforts will also ensure that ARV and DOTS adherence will be stepped up in FY 2007.

5. POPULATIONS BEING TARGETED

Two populations are being targeted. 1) People affected by HIV/AIDS (including Caregivers, HIV positive children and infants, HIV/AIDS-affected families and People living with HIV/AIDS) and 2) Groups/Organizations (including community-based organizations, country coordinating mechanisms and faith-based organizations. Other populations targeted include community and religious leaders as well as health workers both in private and public sectors for training.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address Stigma and Discrimination by providing access to increased resources in order to address the wide spectrum of problems that are faced by households when dealing with a debilitating disease in an adult family member. In addition, it will address Wraparounds through the provision of food

Activity Narrative: and microfinance/micro credit.

7. EMPHASIS AREAS

The main emphasis is on Local Organization Capacity Development through building the capacity of communities and local organizations to implement community-based care and support to HBC clients and OVC. There is a minor emphasis on Training, Linkages with Other Sectors and Initiatives (Linkages and strong collaboration with other public and private sector prevention and treatment efforts will help to overcome resource limitations and build sustainability. Efforts will also link more clients to ARV and to ensure ARV and DOTS adherence will be stepped up in the coming year) and Community Mobilization/ Participation (building the capacity of community organizations to assist families).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8934

Related Activity: 14806, 14807, 14808, 14810, 14811, 14812, 14813, 14814

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20470	8934.20470. 09	U.S. Agency for International Development	Family Health International	9067	4913.09	APHIA II - Coast	\$140,000
20469	8934.20469. 09	U.S. Agency for International Development	Family Health International	9067	4913.09	APHIA II - Coast	\$1,270,000
8934	8934.07	U.S. Agency for International Development	Family Health International	4913	4913.07	APHIA II - Coast	\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14806	8764.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000
14807	8950.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000
14808	8930.08	6948	4913.08	APHIA II - Coast	Family Health International	\$1,800,000
14810	9062.08	6948	4913.08	APHIA II - Coast	Family Health International	\$390,000
14811	9048.08	6948	4913.08	APHIA II - Coast	Family Health International	\$4,950,000
14812	8781.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000
14813	8813.08	6948	4913.08	APHIA II - Coast	Family Health International	\$4,900,000
14814	9711.08	6948	4913.08	APHIA II - Coast	Family Health International	\$300,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	279	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	40,000	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	5,000	False

Target Populations

General population
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Orphans and vulnerable children
Pregnant women
Discordant Couples
People Living with HIV / AIDS
Religious Leaders
Coverage Areas

Coverage Areas

Coast

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 4916.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HBHC

Mechanism: APHIA II - Rift Valley

USG Agency: U.S. Agency for International Development Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Activity ID: 8929.08

Activity System ID: 14800

Planned Funds: \$900,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

The APHIA II Rift Valley HBHC activities will relate to HIV/AIDS treatment services (#8797), Counselling and Testing (#8776), Other Prevention (#9040), OVC (#9029), TB/HIV care activities (#9065), AB (#9070), PMTCT (#8733) and Strategic Information (#8895).

2. ACTIVITY DESCRIPTION

This activity will provide integrated and a comprehensive home and basic health care package to 22,000 people with HIV/AIDS linked to 100 comprehensive care centers and a network of 202 Rural Health Facilities (RHFs). Through a cascaded training of trainers, primary care facility health workers will be trained to provide comprehensive and integrated care training to the home /community based care workers who in turn train the primary care givers at home, to complement the facility based services. At the health facility clinic, integrated training following NASCOP/DRH/Malaria/NLTP curricula will be offered to identified staff to offer services for the prevention, identification and management of OIs, monitoring of the infected adults, children and their families, coupled with appropriate counselling and education. All babies and children of HIV infected mothers will be followed up at the CCCs or MCHs and appropriately managed. A case manager will manage referrals to and from the community. The community based component will include treatment literacy, basic management of OIs, ART and TB treatment adherence, adequate nutrition, home hygiene and nursing skills, malaria prevention and treatment, FP and identification and referral of clients suspected of having HIV and TB. The main link to and from the health facility will be the CHWs many of whom will be treatment supporters. Formal linkages between health facilities and the community-based activities will be strengthened to enhance effective care, follow-up, and tracking of referrals and assessment of patient response and satisfaction with the services. Both formal health care workers and community and home-based volunteer care workers will be trained on effective referrals. In some instances, lay treatment support volunteers will be recruited and trained, using the CRS training curricula to provide psychosocial support, adherence support for ART, TB and regular clinic visits. This activity will also lead to the mobilization and strengthening of organizational and institutional capacity of 25 districts and relevant DHMTs institutions to integrate, plan, lead, monitor and evaluate home and community care support programs. This activity will lead to the linkage of 15,000 families with economic support programs using the CRS SILC model. Community members including PLWA and some OVC will be trained on this methodology and also in basic financial and management and skills for their projects and also linked to other microfinance institutions operating in the region. 30,000 PLWH and their family members will receive nutritional and food support and through collaboration with AGRI, 3,000 people will be trained on improved agricultural techniques for food production. APHIA will tap into other USAID/FFP program to provide supplementary nutrition to families caring for OVC. To ensure continued support for this effort at the community level, FBOs, CBOs, PLHA groups, women and youth groups will be trained in basic program and financial management skills as part of capacity building. Paralegal and child counsellor training will be strengthened and through active monitoring and follow-up to assess its impact to the children and PLWA.

Provision of safe water supply in the homestead will be supported to reach 64,803 families through the use of approved hypo chloride treatment of water used for drinking and preparation of food. In addition, these families will be linked to a supply of insecticides treated bed nets targeting especially those with pregnant women and children under five years. Nutritionally deficient bed ridden patients will be supported with food supplements. Vulnerable households will be linked to food security and extension services.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The APHIA II Rift Valley will reach 22,000 clients and 3,000 individuals will be trained to provide palliative care through 302 service outlets. This APHIA II Coast activity responds to NACC's priority areas #2 "Improve the quality of life of people infected and affected by HIV/AIDS" and #3 "Mitigation of socioeconomic impact". It is expected that the APHIA II-TBD will adhere to GOK policies and guidelines and participate in national-level HIV technical working groups.

4. LINKS TO OTHER ACTIVITIES

The activity will link to APHIA Rift Valley other activities in PMTCT (#8733), TB/HIV HIV/AIDS treatment services (#8797), Counselling and Testing (#8776), Other Prevention (#9040), OVC (#9029), TB/HIV care activities (#9065), AB (#9070) that all seek to provide comprehensive district based services coordinated at the provincial level.

5. POPULATIONS BEING TARGETED

Two populations are being targeted: 1) People affected by HIV/AIDS (including Caregivers, HIV positive children and infants, HIV/AIDS-affected families and People living with HIV/AIDS) and 2) Groups/Organizations (including community-based organizations, country coordinating mechanisms and faith-based organizations. Other populations targeted include community and religious leaders as well as other health workers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address Stigma and Discrimination by providing access to increased resources in order to address the wide spectrum of problems that are faced by households when dealing with a debilitating disease in an adult family member. In addition, it will address Wrap Arounds through the provision of food and microfinance/micro credit.

7. EMPHASIS AREAS

The main emphasis is on Local Organization Capacity Development through building the capacity of communities and local organizations to implement community-based care and support to HBC clients and OVC. There is a minor emphasis on Training, Linkages with Other Sectors and Initiatives (Linkages and strong collaboration with other public and private sector prevention and treatment efforts will help to overcome resource limitations and build sustainability. Efforts will also link more clients to ARV and to ensure ARV and DOTS adherence will be stepped up in the coming year) and Community Mobilization/ Participation (building the capacity of community organizations to assist families).

New/Continuing Activity: Continuing Activity

Continuing Activity: 8929

Related Activity: 14797, 14798, 14799, 14801, 14802, 14803, 14805, 14804

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20456	8929.20456. 09	U.S. Agency for International Development	Family Health International	9066	4916.09	APHIA II - Rift Valley	\$100,000
20455	8929.20455. 09	U.S. Agency for International Development	Family Health International	9066	4916.09	APHIA II - Rift Valley	\$790,000
8929	8929.07	U.S. Agency for International Development	Family Health International	4916	4916.07	APHIA II - Rift Valley	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14797	8733.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$3,000,000
14798	9070.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$2,100,000
14799	9040.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$1,700,000
14801	9065.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$450,000
14802	9029.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$4,700,000
14803	8776.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$1,200,000
14804	8797.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$2,300,000
14805	8895.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$400,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Wraparound Programs (Other)

- * Economic Strengthening
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	302	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	22,000	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	3,000	False

Target Populations

General population
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Orphans and vulnerable children
Pregnant women
Discordant Couples
People Living with HIV / AIDS
Religious Leaders

Coverage Areas

Rift Valley

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3672.08

Prime Partner: Columbia University Mailman School of Public Health Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 4922.08

Activity System ID: 14757

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06

Planned Funds: \$1,250,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

+ The only change to the program since approval in the 2007 COP is that Columbia will use \$500,000 to procure formulary of seven essential OI drugs including CTX, multivitamins, anti-fungals, acyclovir, antimalarials and other HIV specific treatments/prophylaxis for 50,000 individuals to delay disease progression and reduce morbidity and mortality. This will provide flexibility for contingencies for the national OI drug procurement described under the Mission Competitive Procurement/TBD narrative.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in TB/HIV (#8846), ARV services (#6866), ARV Services (#6867), and PMTCT (#7016).

2. ACTIVITY DESCRIPTION

Columbia University's International Centre for AIDS Care and Treatment (CU-ICAP) will increase and strengthen its support from 12 to 35 sites in Central Province in the provision of palliative care services. These activities will support palliative care services to 30,000 patients with HIV, including 3000 children. CU -ICAP will establish/enhance care and treatment networks centered at the provincial hospital and larger district hospitals in Central Province and extend a collaborative relationship with Jomo Kenyatta University of Agriculture and Technology (JKUAT) to allow for creation of a regional university-based training and technical support program. The collaboration offers an opportunity to develop quality assurance capacity on all levels (laboratory, pharmacy, clinical expertise), provides a forum for strategic planning for effective care and treatment programs, and informs targeted evaluation and strategic information needs. CU-ICAP will continue to work closely with the Provincial ART Officer for Central Province, for example supporting regular meetings of care providers in the area. Funds will continue to be used to support additional staff salaries in accordance with Emergency Plan guidance, renovations and equipment needed to provide treatment, disposable supplies, drugs for prevention and treatment of opportunistic infections, laboratory reagents, and the costs of supportive supervision and advanced training in HIV care and treatment for 60 health care workers. CU-ICAP supports the development of high quality HIV care and treatment services in lowresource settings. CU-ICAP programs currently support HIV/AIDS activities in 11 African countries. In Kenya, CU- ICAP has established a foundation for HIV/AIDS program activities, including PMTCT-Plus and care and treatment. With regionalized planning for care and treatment services, CU- ICAP-Kenya was designated the primary United States Government (USG) care and treatment partner for the Central Province. CU-ICAP has established an efficient administrative and operations base in Nairobi and is working closely with CDC-Kenya.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of palliative care for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver HIV care, and a strengthened referral network for provision of care services for people with HIV/AIDS.

4. LINKS TO OTHER ACTIVITIES

This activity links to ARV services (#6866, #6867)) and TB/HIV services (#8846), supported by Columbia University and coordination of ARV scale-up activities supported through the National AIDS and STD Control Program (NASCOP). Palliative care services will also link to PMTCT services (#7016) supported through Pathfinder International, through the linkage of care to HIV positive women identified through the PMTCT program.

5. POPULATIONS BEING TARGETED

These activities target people (adults, children, infants) living with HIV/AIDS. Services for children with HIV are being established or expanded at all sites. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased HIV care and treatment knowledge and skills. The program will also continue to support treatment for HIV-infected students at JKUAT. These youth are among an important focus population identified in Kenya's 5-year strategic plan for Emergency Plan Implementation.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, human resources, development of networks/linkages/referral systems, human resources, local organization capacity development, quality assurance and supportive supervision, strategic information, and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6868

Related Activity: 14758, 14759, 14756

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20395	4922.20395. 09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	9059	3672.09	Central Province	\$150,000
20394	4922.20394. 09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	9059	3672.09	Central Province	\$850,000
6868	4922.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4220	3672.07		\$2,250,000
4922	4922.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	3672	3672.06		\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14758	8846.08	6940	3672.08		Columbia University Mailman School of Public Health	\$450,000
14759	4272.08	6940	3672.08		Columbia University Mailman School of Public Health	\$4,100,000
14756	5481.08	6939	1432.08		Columbia University Mailman School of Public Health	\$4,554,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	35	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	30,000	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	60	False

Indirect Targets

Target Populations

General population		
Children (under 5)		
Boys		
Children (under 5)		
Girls		
Children (5-9)		
Boys		
Children (5-9)		
Girls		
Ages 10-14		
Boys		
Ages 10-14		
Girls		
Ages 15-24		
Men		
Ages 15-24		
Women		
Adults (25 and over)		
Men		
Adults (25 and over)		
Women		
Other		
Pregnant women		
People Living with HIV / AIDS		

Coverage Areas

Central

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 282.08

Prime Partner: Eastern Deanery AIDS Relief Program Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 4128.08

Activity System ID: 14772

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$550,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to the following activities: HVTB (#6879), HTXS (#6880), HVCT (#6881) and PMTCT (#8654).

2. ACTIVITY DESCRIPTION

The Eastern Deanery AIDS Relief Program (EDARP) is a faith-based organization (FBO) under the Roman Catholic Archdiocese of Nairobi established in 1993 in response to the HIV pandemic affecting predominantly poor people living in the eastern slums of Nairobi. Key elements of the program have been expanded in recent years to include HIV counseling and testing targeting entire communities, routine HIV testing among TB patients / suspects, ART and PMTCT services. Through a network of community health workers and clinical sites, EDARP provides both facility and community based palliative care to thousands of PLWHA. Palliative care covers a wide spectrum of both community and facility based interventions that include HIV testing, HIV status disclosure, HIV prevention, clinical monitoring. adherence counseling and monitoring, management of opportunistic infections, psychosocial and spiritual support, pain management, terminal care, provision of safe water, multivitamins and supplementary food. Other activities include provision of emotional support to health care workers who face enormous emotional challenges in providing services in this poverty-stricken area. In FY 08, EDARP will expand palliative care services to reach 16,000 people with HIV, including approximately 1,600 children, through 12 service outlets. Emergency Funds will also be used to provide training in palliative care services for 50 health care workers in a setting characterized by widespread poverty and limited services.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will expand access to palliative care services for PLWHA, strengthen human resource capacity to deliver HIV services, and a strengthen referral network to provide these services.

4. LINKS TO OTHER ACTIVITIES

This activity links to other services listed above and provides essential complementary support to Kenya Government HIV and TB program activities

5. POPULATIONS BEING TARGETED

These activities target all PLWHA- adults, children and infants; MARPS e.g. sex workers, street youth, pregnant women.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

These include renovation of infrastructure, human capacity development, local organization capacity building, TB, safe motherhood, child survival activities, strategic information development and support for food.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6878

Related Activity: 14771, 14773, 14775, 14776

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20422	4128.20422. 09	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	9062	282.09		\$70,000
20421	4128.20421. 09	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	9062	282.09		\$530,000
6878	4128.07	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	4222	282.07		\$250,000
4128	4128.06	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	3215	282.06		\$190,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14771	8654.08	6943	282.08		Eastern Deanery AIDS Relief Program	\$110,000
14773	4129.08	6943	282.08		Eastern Deanery AIDS Relief Program	\$780,000
14775	6437.08	6943	282.08		Eastern Deanery AIDS Relief Program	\$600,000
14776	4130.08	6943	282.08		Eastern Deanery AIDS Relief Program	\$4,300,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Safe Motherhood
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	12	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	16,000	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	50	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Nairobi

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8928.08

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$900,000

Activity System ID: 14780

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

The APHIA II Nyanza HBHC activities relate to HIV/AIDS Treatment Services (#8774), Counseling and Testing (#8760), Other Prevention (#8942), OVC (#9071), TB/HIV Care activities (#9059), AB (#8989), PMTCT (#8734) and Strategic Information (#8859).

2. ACTIVITY DESCRIPTION

USAID's APHIA II Nyanza project implemented by EngenderHealth began its support to basic health care support services in Nyanza Province in FY 2006. In FY 2008 this activity will continue to provide basic health care support services to 20,000 PLWHA in 130 public sector and faith-based health facilities and communities across six districts in Nyanza Province. In total 500 facility-based and home-based care workers (CHWs) will be trained in nutrition, prevention, social and spiritual support, and end-of-life care. Training for health workers will target the management of opportunistic infections and other HIV/AIDS-related complications. Linkages between health facilities and the community-based activities will be strengthened for effective care, follow-up, and tracking of referrals. Both health care workers and community and home-based care volunteer workers will be trained on effective referral. This activity will work with community leaders and community based organizations to establish linkages to other sectors to improve the livelihood of people living with HIV/AIDS. This will include microfinance and agricultural organizations to enhance business skills and agricultural skills.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will help to optimize the quality of life for 20,000 PLWHA in Nyanza province and provide critical support to families affected by HIV/AIDS. A total of 500 facility-based health workers and CHWs will be trained in palliative care to improve quality of services.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in counseling and testing (#8760), condoms and other prevention (#8942) and PMTCT (#8734), TB/HIV Care activities (#9059), and ARV Services (#8774) through the formation of effective referral networks for HIV prevention, treatment care and support services.

5. POPULATIONS BEING TARGETED

This APHIA Nyanza activity targets adults of reproductive health age, people affected by HIV/AIDS and people living with HIV/AIDS. Linkages to other sectors including agricultural programs and microfinance will involve community leaders and community based organizations. Strategies to improve quality of services will target faith-based and public health doctors, nurses, mid wives and other health care workers such as clinical officers and public health officers in both public and faith based facilities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses stigma and discrimination by encouraging community support for people living with HIV/AIDS.

7. EMPHASIS AREAS

This APHIA II Nyanza activity has a major emphasis on training, with minor emphases on community mobilization/participation and development of networks and referral systems.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8928

Related Activity: 14777, 14779, 14781, 14784, 14785, 14786

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20433	8928.20433. 09	U.S. Agency for International Development	Engender Health	9063	4915.09	APHIA II - Nyanza	\$100,000
20432	8928.20432. 09	U.S. Agency for International Development	Engender Health	9063	4915.09	APHIA II - Nyanza	\$1,040,000
8928	8928.07	U.S. Agency for International Development	Engender Health	4915	4915.07	APHIA II - Nyanza	\$350,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14777	8734.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$650,000
14779	8942.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$1,500,000
14781	9059.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$300,000
14785	8774.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$3,050,000
14786	8859.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$400,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * TB

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	130	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	20,000	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	500	False

Target Populations General population Children (under 5) Boys Children (under 5) Girls Children (5-9) Boys Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women Other Orphans and vulnerable children People Living with HIV / AIDS

Coverage Areas

Nyanza

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 348.08

Prime Partner: Community Housing Foundation Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 4165.08

Activity System ID: 14764

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06

Planned Funds: \$525,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services (#6869), Counseling and Testing (#6875), TB/HIV (#6871) and PMTCT (#6949).

2. ACTIVITY DESCRIPTION

Cooperative Housing Foundation (CHF) will build organizational capacity and provide sub grants to NGOs, FBOs, and CBOs, resulting in the provision of palliative care services for 4,875 people (including 450 children) in 25 facilities and programs; in addition to training 300 individuals to provide HIV-related palliative care services. The key activities of the primary partner will be to develop capacity of local organizations and provide supportive supervision. Funds granted through CHF to sub partners will be used to provide a standard package of palliative care services, including support for health care worker salaries in accordance with Emergency Plan guidance, training, infrastructure improvement, community mobilization activities, support for laboratory evaluation, prevention and treatment of opportunistic infections, and expanded access to safe water and malaria prevention interventions. This activity will expand existing programs, add new sub partners, and continue to place emphasis on providing services for children. The primary implementing partner in this activity, CHF, has over 50 years of experience in building the capacity of local and indigenous organizations in numerous countries, and in providing sub-grants to local organizations. By March 2006, CHF was supporting 4 organizations, whose combined activities were providing palliative care services for more than 2500 individuals with HIV. Capacity building activities have included both strengthening of administrative operations (such as planning and accounting) and technical capacity (specific ability to implement care programs). This activity includes support to the following sub-recipients for activities integral to the program: Merlin \$130,000 AID Village Infectious Disease Clinics \$20,000; Christian Missionary Fellowship \$30,000; Nomadic Communities Trust \$40,000; Community of St. Egidio \$30,000; VIHDA \$20,000; Kenyan Pallative Care Association \$30,000 Services supported by the various sub-partners vary widely. For example, AID Village Infectious Diseases and Christian Missionary Fellowship both support services for rural, primarily Masaai populations, the Hospice Association provides end of life pain management and care for people with HIV/AIDS and HIV associated cancers. Community of St. Egidio serves very remote populations and Vihda provides services that specifically target children.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the expansion of palliative care services for people with HIV, strengthened human resource capacity to deliver care for HIV, and a strengthened referral network for these services. This partner has a key role in building capacity of local organizations so that these activities can be sustained over the long term.

4. LINKS TO OTHER ACTIVITIES

In addition to building the capacity of sub-grant recipients, an important aspect of CHF's activities is to support development of linkages between the organizations they support to implement a variety of HIV prevention and treatment activities. For example, linkages that have been established during capacity building trainings have led to improved referrals/linkages of patients from VCT - Nyarami, a sub partner of CHF (#6875), Palliative care: TB/HIV (#6871), ARV services (#6869), and PMTCT (#6949).

5. POPULATIONS BEING TARGETED

The primary target populations are people with HIV, including HIV-infected children. Some sub-partners reach remote populations who are otherwise unable to access care services, for example, the Maasai populations served by AID Village Infectious Diseases and Christian Missionary Fellowship. the activity will also target to work with public health care workers, mainly doctors, nurses, pharmacists and laboratory workers. The activity also targets to include community-based and faith-based organizations and NGOs in the area.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through involvement of PLWAs in service provision and community sensitization activities.

7. EMPHASIS AREAS

This activity includes emphasis in the areas of local organization capacity development, commodity procurement, development of networks, logistics, human resources, and quality assurance and supportive supervision (the last 5 through sub-grants).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6870

Related Activity: 15984, 14765, 14767, 14768

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6870	4165.07	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	4221	348.07		\$515,000
4165	4165.06	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	3233	348.06		\$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15984	15984.08	6941	348.08		Community Housing Foundation	\$300,000
14765	4166.08	6941	348.08		Community Housing Foundation	\$300,000
14767	4170.08	6941	348.08		Community Housing Foundation	\$1,800,000
14768	4164.08	6941	348.08		Community Housing Foundation	\$1,300,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	25	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	4,875	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	300	False

Target Populations

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
People Living with HIV / AIDS	
Table 3.3.06: Activities by Funding Mechansim	

Mechanism: Lea Toto USG Agency: U.S. Agency for International Development Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06 Planned Funds: \$150,000

Budget Code: HBHC

Mechanism ID: 3543.08

Prime Partner: Children of God Relief Institute

Activity ID: 5105.08

Funding Source: GHCS (State)

Activity System ID: 14749

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

The COGRI Lea Toto Home Based Care activities will relate to HIV/AIDS treatment services (#6862), counseling and testing (#6860), TB/HIV (____) and orphans and vulnerable children (#6861).

2. ACTIVITY DESCRIPTION

The goal of the Lea Toto Project is to mitigate the impact of HIV/AIDS and decrease the risk of HIV transmission through the provision of a comprehensive home based care package. The project was started in September 1999, and implements programs in selected slums in Nairobi in Kangemi, Kariobangi, Kibera, Kawangware. In FY 2008 Children of God Relief Institute/Lea Toto Project will provide high quality facility and home based care and other support services to 3,000 children. In addition, 100 caregivers will be trained in home-based care services. The facility-based activities will include strengthening of facilities that are already serving as network referral centers for pediatric HIV care, payment of laboratory services for HIV related tests, OI prophylaxis (cotrimoxazole, fluconazole) and strengthening pharmaceutical management. Lea Toto will also strengthen the ability of targeted local communities to prioritize needs of HIV+ children and their families and carry out activities to meet these needs. In the community, the Lea Toto Project will work with trained community workers at the activity sites and provide or facilitate access to a range of services for families and OVC caregivers. It is anticipated that these services will include training around OVC support; anti-retroviral treatment education; vocational and micro-business training for family income support and psychosocial support, including succession planning. Other program activities include nutritional support; micro-finance and empowering of caregivers through the self help groups. Group therapy sessions will include life skills training, disclosure meetings, support group meetings and follow up counseling sessions. Life skills training sessions that are held with adults and children aged between 7 and 16 years address issues related to drug adherence basic hygiene and nutrition. The activity will also improve the organizational capacity of the Lea Toto program to deliver high quality care and counseling and other support services for HIV+ children and their families.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the Kenya 5-year strategy by increasing the number of people receiving HIV/AIDS care and support. Specifically, 3,000 children will be provided with HIV-related palliative care and 100 heath care and community workers trained to provide palliative care. This activity will contribute to increasing the number of HIV positive children receiving medical care, and accounts for 2% of all persons in care for this program area.

4. LINKS TO OTHER ACTIVITIES

The COGRI Lea Toto Home Based Care activities will relate to HIV/AIDS treatment services (#6862), counseling and testing (#6860), and orphans and vulnerable children (#6861). As vulnerable children are identified, they will go through counseling and testing and will be enrolled as appropriate to care and treatment activities.

5. POPULATIONS BEING TARGETED

This activity will target people affected by HIV/AIDS including Caregivers, HIV positive infants and children, OVC and PLWHA. The activity will also target community and religious leaders as well as community volunteers. Community health care workers will be targeted for training and groups/organizations that will be worked through include community-based organizations, faith-based organizations and NGOs in Nairobi.

6. KEY LEGISLATIVE ISSUES ADDRESSED

By meeting the needs of vulnerable children and their care providers, stigma and discrimination will decrease and allow children to return to school and parents/providers improve in health and earn income to contribute to the family's welfare. Gender issues will also be addressed to increase women's access to income and productive resources.

7. EMPHASIS AREA

The main area of emphasis will be Community Mobilization/Participation as Lea Toto strengthens the ability of targeted local communities to prioritize needs of HIV+ children and their families and carry out activities to meet these needs. Minor emphasis will be in training of care providers and providing IEC in Life Skills Training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6863

Related Activity: 14751, 14752, 14753

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20376	5105.20376. 09	U.S. Agency for International Development	Children of God Relief Institute	9054	3543.09	Lea Toto	\$150,000
6863	5105.07	U.S. Agency for International Development	Children of God Relief Institute	4216	3543.07	Lea Toto	\$150,000
5105	5105.06	U.S. Agency for International Development	Children of God Relief Institute	3543	3543.06	Lea Toto	\$190,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14751	4918.08	6936	3543.08	Lea Toto	Children of God Relief Institute	\$600,000
14752	4848.08	6936	3543.08	Lea Toto	Children of God Relief Institute	\$200,000
14753	5092.08	6936	3543.08	Lea Toto	Children of God Relief Institute	\$1,000,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Estimation of other dollars leveraged in FY 2008 for food \$50,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	6	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,000	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	100	False

Target Populations

General population		
Children (under 5)		
Boys		
Children (under 5)		
Girls		
Children (5-9)		
Boys		
Children (5-9)		
Girls		
Ages 10-14		
Boys		
Ages 10-14		
Girls		
Ages 15-24		
Men		
Ages 15-24		
Women		
Adults (25 and over)		
Men		
Adults (25 and over)		
Women		
Other		
Orphans and vulnerable children		
People Living with HIV / AIDS		

Coverage Areas

Nairobi

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3670.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 4924.08

Activity System ID: 14745

Mechanism: N/A USG Agency: HHS/Health Resources Services Administration Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06

Planned Funds: \$1,068,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ART Services and TB/HIV.

2. ACTIVITY DESCRIPTION

Catholic Relief Services (CRS) supported sites are implementing a variety of community-based activities to support the understanding of, enrollment in, and adherence to care and treatment programs. The consortium has provided extensive support for monitoring and evaluation, allowing timely reporting to both PEPFAR and the Kenya National Program. The implementing consortium includes Catholic Relief Services, Catholic Medical Mission Board, Futures Group, The Institute of Human Virology at the University of Maryland, and the Interfaith Medical Alliance. The consortium has established agreements with a number of mission facilities in Kenya, and has supported rapid scale-up of treatment at these facilities. By March 2007, approximately 20,276 patients were receiving palliative care services. In FY 2008 the CRS Consortium will expand services currently supported both by Track 1 funds and in country funds to support palliative care for 40,000 patients (including more than 4000 children) at 23 service delivery sites throughout Kenya. There will be 90 individuals trained to provide HIV palliative care. CRS supports mission hospitals in several geographic areas with a standard package that includes funds for staff salaries, training of staff, laboratory evaluation, adherence counseling and monitoring, drugs for prevention and treatment of opportunistic infection, and end of life care.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of palliative care services for clinically qualified HIV-positive patients, strengthen human resource capacity to deliver HIV care, and a strengthen referral network for provision of these services.

4. LINKS TO OTHER ACTIVITIES

These activities link to ARV treatment (#6853, #6854) and TB/HIV services (#8843)supported by CRS, to a variety of services provided by mission facilities in Kenya (including testing and counseling services and prevention of mother to child transmission services), and in many cases to facilities in the Ministry of Health system. For example, in Kisumu, St. Monica's Hospital is being integrated into the network center at the KEMRI-supported Nyanza Provincial Hospital.

5. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. Care services for children with HIV are being established or expanded at all sites. The ability to diagnose and provide care for very young children is being established through a relationship with Kenya Medical Research Institute (KEMRI); filter paper samples are transported to the KEMRI lab for infant testing (currently with PCR).

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, quality assurance and supportive supervision, strategic information, and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6855

Related Activity: 14746, 14743, 14747

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20561	4924.20561. 09	HHS/Health Resources Services Administration	Catholic Relief Services	9080	9080.09		\$130,000
20558	4924.20558. 09	HHS/Health Resources Services Administration	Catholic Relief Services	9080	9080.09		\$1,130,000
6855	4924.07	HHS/Health Resources Services Administration	Catholic Relief Services	4213	3670.07		\$250,000
4924	4924.06	HHS/Health Resources Services Administration	Catholic Relief Services	3670	3670.06		\$190,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14746	8843.08	6934	3670.08		Catholic Relief Services	\$2,900,000
14747	4271.08	6934	3670.08		Catholic Relief Services	\$7,732,000
14743	5483.08	6932	3730.08		Catholic Relief Services	\$5,851,680

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	23	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	40,000	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	90	False

Indirect Targets

Target Populations

Coverage Areas			
Central			
Coast			
Eastern			
Nairobi			
Nyanza			

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 295.08

Prime Partner: African Medical and Research Foundation Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 4817.08

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06 Planned Funds: \$250,000

Activity System ID: 14723

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV services (#6836), ARV services (#7095), Palliative Care: Basic Health Care and Support (#7096) and PMTCT(#6837).

2. ACTIVITY DESCRIPTION

The African Medical Research Foundation (AMREF) will continue a successful HIV treatment program operating in 3 sites in Kibera, a very large informal settlement in Nairobi, Kenya, and expand activities to 1 additional area site, providing a package of basic health services to 2500 people with HIV, including 250 children. AMREF will support staff salaries, training of 30 health providers, laboratory evaluation, adherence counseling, and monitoring, provide drugs for prevention and treatment of opportunistic infections, and expand access to safe drinking water and malaria prevention interventions. Funding will include provision of HIV care. Patient care is managed by multidisciplinary teams, and care interventions are supported through extensive involvement of community health workers and peer educators, including many people who themselves have HIV/AIDS. The community health workers and peer educators work in both the clinics and communities to support adherence, provide counseling and education about nutrition and other key aspects of care, and assist with recognition of adverse drug reactions and early referral. AMREF staff conducts extensive activities in the community that educate and sensitize church, political, and administrative leaders as well as all members of the community. Activities are implemented in collaboration with the Provincial ART officer for Nairobi. This activity will be primarily an expansion of the existing program to increase both the number of sites and number of people reached. Provision of care for children including psychosocial support, and expansion of HIV prevention activities in care settings will be emphasized. The central AMREF laboratory will be strengthened to continue supporting quality assurance for labs at the satellite sites. AMREF has extensive experience and expertise in implementing community-based HIV/AIDS prevention and care programs throughout Africa. The HIV treatment program in Kibera has been recognized as a model of community-based care for PLWAs. By April 2007, the program was providing palliative care services to more than 1500 patients. Rates of adherence to care are very high. The community sensitization activities have already contributed substantially to a reduction in stigma and discrimination in this community and are expected to continue to do so.

3. CONTRIBUTIONS TO OVERALL PROGRAM

These activities will contribute to the results of expansion of palliative care services for people with HIV, strengthened human resource capacity to deliver palliative care services for HIV, and a strengthened referral network for HIV care.

4. LINKS TO OTHER ACTIVITIES

AMREF's palliative care activities link closely to community services supported by CBOs such as Kibera Community Self Help Program (KICOSHEP), AMREF-supported PMTCT services (#6837), AMREF-supported ARV services (#6836), and to the established network referral center at Kenyatta Hospital (#7096) through the referral of complicated cases.

5. POPULATIONS BEING TARGETED

The population targeted with this activity are the HIV-infected Kibera adult and pediatric residents that will be served by these programs and have great need for HIV treatment that relates not only to high HIV prevalence, but also very severe poverty and lack of basic services such as clean water, food, and education. The associated community sensitization activities raise awareness among men, women and children living in the slums. Other targeted populations include public health workers and NGOs/private voluntary organizations.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities

7. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, community mobilization, human resources, quality assurance and supportive supervision, and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6838

Related Activity: 14722, 14725

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20349	4817.20349. 09	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	9039	295.09		\$30,000
20348	4817.20348. 09	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	9039	295.09		\$250,000
6838	4817.07	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	4201	295.07		\$150,000
4817	4817.06	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	3222	295.06		\$116,667

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14722	4145.08	6922	295.08		African Medical and Research Foundation	\$400,000
14725	4144.08	6922	295.08		African Medical and Research Foundation	\$850,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Malaria (PMI)
- Wraparound Programs (Other)
- * Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,500	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	30	False

Indirect Targets

Target Populations	
General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	

People Living with HIV / AIDS

Coverage Areas

Nairobi

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 441.08

Prime Partner: Academy for Educational Development Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 4214.08

Activity System ID: 14717

Mechanism: Capable Partners

USG Agency: U.S. Agency for International Development Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06

Planned Funds: \$450,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This relates to Capable Partners activities in Other Prevention (#6830), OVC (#6831), AB (#6832) and CT (6829).

2. ACTIVITY DESCRIPTION

Capable Partners will support two agencies in Basic Health Care and Support. First, Handicap International will continue to support the Kitale AIDS Program, building on an effective existing program to provide a basic package of treatment services, including diagnosis and management of opportunistic infections. The program will continue to develop referral linkages to programs providing antiretroviral treatment primarily at 4 rural AIDS clinics. Health workers in West Pokot will be trained in the management of opportunistic infections, sensitization workshops will be held for health facility staff, home-based care providers will be trained in adherence counseling and 60 volunteers providing HBC and ART adherence support will be supervised. Handicap will also continue to reinforce the capacity for the management of HIV/AIDS patients in 6 health centers. These activities will contribute to the provision of a basic package of services to people with HIV/AIDS, strengthened integration of prevention and treatment services, and strengthening of networks for HIV care services.

Second, Nazareth Hospital will increase community-based support services to the PLWHAs already enlisted for support through the ART program and their families. Family-based caregivers drawn from the clients households will be trained and equipped with information on home-based care, end-of-life care and support, and responding to the needs of the patients. More emphasis will be placed on supporting OVC and their carers and 2007 Nazareth will develop a program for more comprehensive community based care for these children. The nutrition support program for PLWHAs will be scaled up from the existing 350 patients to 400. Nazareth will address the issue of ART adherence by working with Redhill Centre and other organizations in the locality to provide rehabilitation and support services for PLWHAs who are alcohol abusers.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY 2007 Handicap International proposes to train: 200 health workers in the management of treatment for HIV/AIDS, sensitization and ART adherence procedures. Counseling will be provided to 2,500 individuals with HIV. Nazareth will help a total of 200 PLWHA to form support groups and provide opportunities for its patients on ART to reintegrate into the community. Nazareth Hospital will establish and equip 5 new PLWHA support groups and continue supporting 5 existing support groups in the community for income generating activities. 400 people with HIV/AIDS will receive basic community-based support, including multivitamins, and those who are malnourished will receive nutritional supplementation. In FY 2008 over 2,000 PLWHAs will be receiving ART. In FY 2008, the 250 households with PLWHAs will be targeted in the provision of skills for care, support and psychosocial support of the PLWHA.

4. LINKS TO OTHER ACTIVITIES

This activity will link with Indiana University's program with Kitale District Hospital in PMCT (#6898).

5. POPULATIONS BEING TARGETED

The populations being targeted include Caregivers (of PLWHA and OVC) including public health workers, Orphans and Vulnerable Children and People living with HIV/AIDS. People Living with Disabilities are also a primary target.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue addressed will be stigma and discrimination through the mainstreaming of disability into HIV/AIDS policy papers in the country. At the moment little is being done to provide access to this category of people to services on HIV/AIDS, reproductive health and sexuality. Gender will also be addressed due to a rise in gender-based violence of which almost 90% are sexual in nature. Service providers will be on the look-out for victims of such violence and appropriate services will be offered to them promptly to avoid complications that may arise. In all the activities of the project equity will also be a key focus. Female youth, women in general and PWDs will be provided with more access to services and attention will also be given to them in order to bridge the gap between them and the other members of the society on matters related to the project objectives. The aim of this will be to provide these 'more at risk' segments of the population with adequate information for prevention purpose and also care and support as access may have been compromised because of their condition. A final legislative area is a Wrap Around for Microfinance/Micro-credit due to the establishment and equipping of 10 PLWHA support groups in the community for income generating activities.

7. EMPHASIS AREAS

The major area of emphasis is Local Organization Capacity Development with minor emphasis areas in Development of Network/Linkages/Referral Systems due to the linking of ART with community and development initiatives. Other minor emphasis in Linkages With Other Sectors and Initiatives (through prevention-based activities like VCT, Behavior Change Communication and community education), Community Mobilization/Participation and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6827

Related Activity: 14714, 14718, 14719

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20339	4214.20339. 09	U.S. Agency for International Development	Academy for Educational Development	9037	441.09	Capable Partners	\$450,000
6827	4214.07	U.S. Agency for International Development	Academy for Educational Development	4198	441.07	Capable Partners	\$300,000
4214	4214.06	U.S. Agency for International Development	Academy for Educational Development	3247	441.06	Capable Partners	\$225,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14714	5091.08	6920	441.08	Capable Partners	Academy for Educational Development	\$800,000
14718	4947.08	6920	441.08	Capable Partners	Academy for Educational Development	\$4,300,000
14719	4847.08	6920	441.08	Capable Partners	Academy for Educational Development	\$500,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- Human Capacity Development
- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	N/A	True

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Orphans and vulnerable children
People Living with HIV / AIDS

Coverage Areas			
Rift Valley			
Central			
Nairobi			

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 4925.08

Prime Partner: Columbia University Mailman School of Public Health Mechanism: Eastern Province

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area Code: 06

Planned Funds: \$332,000

Budget Code: HBHC

Activity ID: 5271.08

Activity System ID: 14689

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

Other change:

+ this TBD was awarded to Columbia University only a few days prior to COP submission.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services (#8983), TB/HIV (#8761), and PMTCT (#6837).

2. ACTIVITY DESCRIPTION

The To be Determined (TBD) partner will expand a collaborative relationship with Machakos District Hospital and 10 health facilities in other neighboring districts to enhance and expand the HIV care program in the southern region of the Eastern Province of Kenya, providing care for 18,000 people with HIV, including 1800 children. This region is characterized by moderately high rates of HIV (approximately 4%); high rates of other infectious diseases including malaria, hepatitis, and schistosomiasis; and high rates of food insecurity. Machakos District Hospital is a high-volume district hospital that serves as the referral center for this area. Sites in this area previously received modest support through the Kenya Medical Research Institute and have established good care programs providing HIV care for 8000 patients as of April 2007. However, health facilities in this region will benefit from the enhanced material and technical support from an additional partner. TBD will support staff salaries, training, laboratory evaluation, adherence counseling, and monitoring. The activity will also support the training of 60 individuals in the provision of HIV -related palliative care services. The package of services provided to patients will include cotrimoxazole prophylaxis, treatment of opportunistic infections, management of malnutrition, improved access to safe drinking water, and interventions to reduce the risk of malaria. TBD will work closely with, and support the activities of, the Provincial ART Officer for the region, e.g., supporting regular meetings of area providers. TBD will also support establishment/strengthening of other regional activities, including developing a system for quality control at Machakos District Hospital and the development of a regional system for transfer of blood samples/results to optimize the utilization of CD4 cell count machines. TBD will also assist with development of a quality improvement program for the region and will assist the National AIDS and STD Control Program (NASCOP) with implementation of a similar system nationally.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the expansion of access to quality palliative care services for people with HIV, strengthened human resource capacity to deliver HIV care services, and a strengthened referral network for the provision of these services.

4. LINKS TO OTHER ACTIVITIES

These activities link closely to ARV services (#8983) and TB/HIV services (#8761) supported by this same partner, to PMTCT activities being implemented AMREF (#6837), and training activities being implemented by Mildmay International.

5. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS, including HIV positive infants (0 - 5 years), children (6 - 14 years), adult men and women. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased HIV care and treatment knowledge and skills.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, local organization capacity development, logistics, quality assurance and supportive supervision, strategic information and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7043

Related Activity: 14690, 14691

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20402	5271.20402. 09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	9060	4925.09	Eastern Province	\$60,000
20401	5271.20401. 09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	9060	4925.09	Eastern Province	\$540,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14690	8761.08	6908	4925.08	Eastern Province	Columbia University Mailman School of Public Health	\$300,000
14691	5274.08	6908	4925.08	Eastern Province	Columbia University Mailman School of Public Health	\$1,000,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	10	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	18,000	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	60	False

General population			
Children (under 5)			
Boys			
Children (under 5)			
Girls			
Children (5-9)			
Boys			
Children (5-9)			
Girls			
Ages 10-14			
Boys			
Ages 10-14			
Girls			
Ages 15-24			
Men			
Ages 15-24			
Women			
Adults (25 and over)			
Men			
Adults (25 and over)			
Women			
Coverage Areas			
Coverage Areas			

Eastern

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 4919.08

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8867.08

Activity System ID: 14700

Mechanism: APHIA II - North Eastern USG Agency: U.S. Agency for International Development Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06 Planned Funds: \$500,000 Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8980), TB/HIV (#9066), ARV Services (#) and PMTCT (#7087).

2. ACTIVITY DESCRIPTION

This activity relates to care and support for people and families affected by HIV/AIDS under the APHIA II North Eastern Project. APHIA II will oversee implementation of both community and facility-based basic health care and support programs in conjunction with the TB/HIV and antiretroviral therapy programs being established and expanded in the North Eastern Province of Kenya. These activities will contribute to the results of expansion of opportunistic infection management and prevention in both clinical and community settings for HIV-positive patients, strengthened human resource capacity to deliver this care, and a strengthened referral network for provision of HIV care services in North Eastern Province. Cotrimoxazole prophylaxis and where indicated, fluconazole prophylaxis will be the basic standard of care for HIV infected people within the community. APHIA II North Eastern's approach is to build capacity among health care workers at the Garissa Provincial Hospital and other district hospitals to care for HIV+ adults and children. In FY 2008 APHIA II will work closely with NASCOP and key stakeholders to design and rollout an effective HIV care strategy that utilizes the network approach to HIV care and treatment, where the provincial and district hospitals will be the main HIV care referral centers, and effective referral systems will be established between community outreach, facility-level and CBO-based programs. Due to the predominantly nomadic nature of the populations in this region, and the vast distances involved, basic care packages will be distributed and replenished through outreach campaigns established with local partner agencies and providing comprehensive health and information services.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through these programs 1500 HIV-infected individuals will be supported through community outreach, facility-level and CBO-based programs at 70 facilities.

4. LINKS TO OTHER ACTIVITIES

This activity carries forward previously approved activities in FY 2007 COP by UNICEF. This activity will be linked to the PMTCT-APHIA II- activity, Palliative Care: TB/HIV and counseling and testing services which are provided by this and other partners in same region. This will ensure optimum utilization of complimentary services created through the Emergency Plan and other partners.

5. POPULATIONS BEING TARGETED

This APHIA II activity mainly targets HIV positive adults and children and other persons living with HIV-AIDS. Health care workers such as doctors, nurses, pharmacists, laboratory workers and clinical officers in public facilities are also targeted for training. The community activity targets to recruit train and retain community health workers that will be the link between clinical and community-based services.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue addressed is reducing stigma and discrimination at community and facility level in order to ensure that people who would not have otherwise gone for treatment are able to do so.

7. EMPHASIS AREAS

This activity puts major emphasis on training of health care workers with minor emphasis on needs assessment, quality assurance and supportive supervision and development of networks / linkages / referral systems.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8867

Related Activity: 15989, 14701, 14702, 14703, 14704, 14698, 14699, 14705

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20187	8867.20187. 09	U.S. Agency for International Development	Pathfinder International	8984	4919.09	APHIA II - North Eastern	\$40,000
20186	8867.20186. 09	U.S. Agency for International Development	Pathfinder International	8984	4919.09	APHIA II - North Eastern	\$280,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15989	15989.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$550,000
14698	9074.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$1,000,000
14699	8937.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$450,000
14701	9066.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$150,000
14702	9067.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$1,200,000
14703	8778.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$400,000
14704	8805.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$600,000
14705	8864.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$150,000

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	70	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,000	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	50	False

Indirect Targets

Target Populations

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
Orphans and vulnerable children	i
Pregnant women	
People Living with HIV / AIDS	
Religious Leaders	

Coverage Areas

North Eastern

Table 3.3.06: Activities by Funding Mechansim

Prime Partner: Mildmay International

Funding Source: GHCS (State)

Budget Code: HBHC

Mechanism ID: 285.08

Activity ID: 19429.08

Activity System ID: 19429

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06 Planned Funds: \$500,000 Activity Narrative: HQ Technical Area: New/Continuing Activity: New Activity Continuing Activity: Related Activity:

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3588.08

Prime Partner: Population Services International Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8849.08

Activity System ID: 17027

Mechanism: APHIA II - Health Communication & Marketing USG Agency: U.S. Agency for International Development Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06 Planned Funds: \$6,000,000 Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS. THIS ACTIVITY RELATES TO ALL ACTIVITIES IN HBHC.

1. LIST OF RELATED ACTIVITIES This activity relates to all activities in HBHC (#6998).

2. ACTIVITY DESCRIPTION

Two major obstacles in the provision of HIV care in rural areas are 1) a dispersed population with limited transportation and 2) extreme poverty with lack of electricity, sanitation, clean water. Despite these obstacles, Kenya has experienced a rapid increase in the number of HIV care and treatment providers in most areas of Kenya. Unfortunately comprehensive HIV prevention is rarely included in clinical programs, and prevention-focused programs that provide care vary in quality. Despite ART expansion, majority of HIVinfected people do not receive care. In FY 2005, PEPFAR Uganda developed a Basic Care Package (BCP) that provided a means to prevent many of the opportunistic infections that occur with PLWAs as well as prevention from malaria. By utilizing a 'package' approach they were able to avoid the typical stock outs of primary care facilities and ensure clientele received a complete set of drugs and prophylactic measures that avoid OIs, provide vitamins to improve health and condoms to decrease the dangers of infecting their spouses. A critical part of this package was the inclusion of cotrimoxizole. Studies throughout Africa have demonstrated an almost complete prevention of Pneumocystis jiroveci pneumonia as well as reductions in malaria, bacterial pneumonia, toxoplasmosis, diarrhea, sinusitis through the daily use of this drug. The partner will coordinate with other USG implementing partners to make basic care packages (BCP) available to PLWAs. The BCP will consist of the following components: 1 long lasting insecticide treated net (LLINs), 100 condoms, 4 bottles of WaterGuard safe water system, daily multivitamins, 1 water storage vessel, cloth for filtering water and IEC material on malaria, diarrhea, VCT, PMTCT, cotrimoxizole, nutrition, and mental/social well-being. Re-supply of short term consumable items (condoms, WaterGuard, multivitamins) will be carried out to all PLWAs on a continuing basis. Cotrimoxazole will be provided through the Mission Competitive Procurement/TBD and be available at the local health dispensaries. The goal is that 200.000 BCPs will be distributed TO 200,000 patients over the year. The partner will be responsible for procuring, packaging and shipping the BCPs to regional warehouses, as well as re-supply of consumable items. Standardized IEC materials will also be included in the BCP. All USG partners will source the BCPs from the partner for onward distribution to Comprehensive Care Centers, PLWA CBOs and other PLWA targeted distribution points operating in their catchment areas. IPs will be responsible for peer education training and other interpersonal communications to promote the correct use of BCPs. IPs will also be responsible for tracking use and monitoring possible leakage.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the FY 2008 targets by providing 160,000 PLWAs with standardized essential elements of care that will extend and improve their lives. In addition, through the provision of condoms in the basic care package the activity will be supporting prevention particularly among discordant couples. The set of services will be provided regardless of stage of HIV disease or clinical condition in facility-based and in home-based settings. It is consistent with the 5-year strategy by focusing on rapidly scaling up palliative care services.

4. LINKS TO OTHER ACTIVITIES This activity is linked to HBHC activity (#6998).

5. POPULATIONS BEING TARGETED

This activity targets people living with HIV/AIDS and their families by providing essential care services including bed nets, thereby reducing malaria in other family members as well.

6. KEY LEGISLATIVE ISSUES ADDRESSED The key legislative issue being addressed by this activity is reduction of Stigma and Discrimination by improving the health of PLWAs and allowing them to care for their children and possibly return to work.

7. EMPHASIS AREAS

There are four areas of emphasis. Commodity procurement will be utilized to purchase the materials used in the basic care package. Community Mobilization/Participation will be essential to ensure the basic care packages reach PLWAs. The Development of Network/Linkages/Referral Systems will be needed since many of these kits will be distributed through the regional partners. Logistics will be important for the same reason.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8849

Related Activity: 14809, 14800, 14780, 14960, 14961, 14864, 14967, 14700, 14995, 17033, 14965, 14868, 14704, 14999, 14785, 14813, 14804

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20097	8849.20097. 09	U.S. Agency for International Development	Population Services International	8965	3588.09	APHIA II - Health Communication & Marketing	\$4,000,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14780	8928.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$900,000
14800	8929.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$900,000
14809	8934.08	6948	4913.08	APHIA II - Coast	Family Health International	\$1,205,000
14864	8863.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$700,000
14700	8867.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$500,000
14967	8755.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$385,000
14995	8931.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$900,000
14999	8826.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$3,300,000
14704	8805.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$600,000
14965	8765.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$1,950,000
14868	8792.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,700,000
14813	8813.08	6948	4913.08	APHIA II - Coast	Family Health International	\$4,900,000
14804	8797.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$2,300,000
14785	8774.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$3,050,000

Emphasis Areas

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	N/A	True

Indirect Targets

Target Populations	
General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	

People Living with HIV / AIDS

ivities by Funding Mechans	im					
Mechanism ID:	4955.08	Mechanism:	Community Grants Program			
Prime Partner:	US Department of State	USG Agency:	Department of State / African Affairs			
Funding Source:	GHCS (State)	Program Area:	Palliative Care: Basic Health Care and Support			
Budget Code:	HBHC	Program Area Code:	06			
Activity ID:	8825.08	Planned Funds:	\$100,000			
Activity System ID:	15064					
Activity Narrative:	THIS IS AN ONGOING ACTIVITY. THE N REFERENCES TO TARGETS AND BUD		EXCEPT FOR UPDATED			
	1. LIST OF RELATED ACTIVITIES This activity is related to the community g	rants program grant support in	HKID (#9079).			
	2. ACTIVITY DESCRIPTION To better meet the needs of small, grassroots organizations seeking support for HIV/AIDS affected communities, the PEPFAR Coordination Office will establish a PEPFAR Community Grants Program (CGP) within the Ambassadors' Special Self-Help Fund (SSH) at the U.S. Embassy. These grants will be designed to provide one-time assistance to communities with small-scale projects that provide care and/or economic support to children affected by AIDS at the grassroots level. Administrative support for the CGP will be funded under the HBHC program area. Costs will cover the hiring of an Eligible Family Member as the grants officer, and a FSN for administrative management. The PEPFAR CGP grants officer will be expected to work closely with current SSH grants officer(s) as well as SSH partners including District Social Development Officers to identify viable organizations for program implementation. The grants officer will rank and evaluate all unsolicited proposals prior to review by a full committee comprised of representatives from the PEPFAR Coordination Office, and PEPFAR's "umbrella" partners, Cooperative Housing Foundation and the Academy for Educational Development's Capable Partners Program. This committee will meet with the grants officer on a quarterly basis to review final applicants and to share lessons learned on community grants program implementation. The grants officer, with support from the administrative assistant, also will be responsible for keeping a database of received proposals, identifying organizations that may be appropriate for consideration under a current umbrella partner, and sending timely and appropriate replies for other organizations whose proposals fall outside the parameters for CGP review. The grants officer will be under the supervision of the PEPFAR Kenya Country Coordinator					
	3. CONTRIBUTIONS TO OVERALL PRO This activity contributes to broadening su and orphans and vulnerable children prog community grants not only provides an op organizational capacity to handle future fu	pport for basic health care and gram areas. Establishing a ded oportunity to assist those most	icated position for awarding in need, but also develops local			
	with the majority of requests focused on s	the need for small, community-level interventions for HIV/AIDS related activities, uests focused on support to AIDS orphans and other vulnerable children. This 179) in the HKID program area as well as other HKID activities and HBHC activities				
	5. POPULATIONS BEING TARGETED This activity targets men, women, and pri reached include PLWAs, OVC, and careg					
	6. KEY LEGISLATIVE ISSUES ADDRESSED The Community Grants Program sponsorships will support issues of stigma and discrimination. Other issues addressed include gender equity in HIV/AIDS programs.					
	7. EMPHASIS AREAS The major emphasis area for this activity is local organization capacity development. Minor emphases are information, education and communication; and community mobilization/participation.					
HQ Technical Area:						
New/Continuing Activity:	Continuing Activity					
Continuing Activity:	8825					

Related Activity: 15042

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8825	8825.07	Department of State / African Affairs	US Department of State	4955	4955.07	Community Grants Program	\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15042	9079.08	7028	4955.08	Community Grants Program	US Department of State	\$350,000

N/A

True

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets		
Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related	N/A	True

6.6 Total number of individuals trained to provide HIVrelated palliative care (excluding TB/HIV)

palliative care (excluding TB/HIV)

Indirect Targets

Target Populations

General population				
Ages 10-14				
Boys				
Ages 10-14				
Girls				
Ages 15-24				
Men				
Ages 15-24				
Women				
Adults (25 and over)				
Men				
Adults (25 and over)				
Women				
Other				
Orphans and vulnera	ole children			

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 286.08	Mechanism:	N/A
Prime Partner: New York University	USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area:	Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code:	06
Activity ID: 4133.08	Planned Funds:	\$175,000
Activity System ID: 14946		

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services (#7015, #8813), PMTCT #8649), and Palliative Care: Basic Health Care and Support (#8934).

2. ACTIVITY DESCRIPTION

New York University (NYU) will support palliative care services for 6000 people with HIV/AIDS including 350 children, at Bomu Clinic and two satellite sites in Mombasa. This will be accomplished by continuing to offer on-site material and technical support to build the capacity of this local facility to provide the services. The package of palliative care services will include cotrimoxazole prophylaxis, treatment of opportunistic infections, nutritional supplementation, TB screening, and sexually transmitted infection (STI) diagnosis and treatment, improved access to malaria prevention interventions, and safe water for pediatric households. Funds will provide salary support for health care workers in accordance with Emergency Plan guidance and training for 25 health care workers to deliver HIV palliative care. Activities will include community mobilization, strengthening of logistics capacity (particularly pharmacy management), and procurement of commodities such as laboratory reagents. Data concerning the numbers of patients receiving services will be collected and reported both nationally and through the Emergency Plan. Activities will be conducted in close collaboration with the ART Officer for Coast Province. NYU has a long history of providing quality AIDS care in a variety of settings and over the past several years has expanded capacity and expertise related to provision of care and treatment in resource limited settings like Africa. The AIDS Research and Family Care Clinic (ARFCC) was established in May 2001 and provides a comprehensive range of free medical and psychosocial services to families living with HIV in and around Mombasa. The clinic is served by a dedicated laboratory that offers HIV tests, basic hematology and chemistry tests, and CD4 counts. The Bomu clinic is a private clinic that provides general medical services to thousands of patients and has recently expanded their capacity to provide specialized HIV services. NYU has supported development of a program that was providing palliative care services for more than 700 patients by June 2006, including more than 100 children. Given that NYU has particular expertise in pediatric care and treatment, this site is expected to rapidly expand care and treatment for children. A key barrier to expansion of the program at the moment is space. NYU has received grant funding from other sources to establish an annex to the main clinic building that will allow substantial expansion of pediatric care and treatment, and Emergency Plan funding will be used for renovations and refurbishment.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of access to palliative care services for more than 3000 people with HIV/AIDS, strengthened human resource capacity, and a strengthened referral network for provision of these services.

4. LINKS TO OTHER ACTIVITIES

These activities link closely to ART services supported by NYU and FHI (#7015, #8813), and through referral to adult and pediatric HIV services provided at Coast Provincial Hospital, a network center supported by FHI (#8649). There are further links to area VCT and community-based activities currently supported by FHI including Palliative Care: Basic Health Care and Support (#8934).

5. POPULATIONS BEING TARGETED

These activities target people (adults, children, infants) living with HIV/AIDS. A key focus of the family clinic is the provision of services to children with HIV, and the identification of children with HIV as a way of reaching entire families that are affected by HIV. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased HIV care and treatment knowledge and skills. Included among the populations served by these services will be participants in US government funded research programs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, logistics, quality assurance and supportive supervision, strategic information and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7014

Related Activity: 14945, 14949

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20208	4133.20208. 09	HHS/Centers for Disease Control & Prevention	New York University	8990	286.09		\$100,000
20207	4133.20207. 09	HHS/Centers for Disease Control & Prevention	New York University	8990	286.09		\$330,000
7014	4133.07	HHS/Centers for Disease Control & Prevention	New York University	4270	286.07		\$175,000
4133	4133.06	HHS/Centers for Disease Control & Prevention	New York University	3217	286.06		\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14949	4134.08	6984	286.08		New York University	\$1,340,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Malaria (PMI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	6,000	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	25	False

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS
Coverage Areas
ovieraye Areas

Coast

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 4918.08

Prime Partner: Program for Appropriate Technology in Health Funding Source: GHCS (State)

Budget Code: HBHC

Mechanism: APHIA II - Western

USG Agency: U.S. Agency for International Development Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Activity System ID: 14995

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

The APHIA II Western HBHC activities relate to HIV/AIDS Treatment/ARV Services (#9073), TB/HIV care activities (#9068), AB (#8994), PMTCT (#8738) and Strategic Information (#8855).

2. ACTIVITY DESCRIPTION

In the FY 2008 COP APHIA II Western will continue to provide, and expand, care and support to PLWHA. Activities will include 1) providing PLWHA and their families with a comprehensive package of home-based and community support 2) increasing the capacity of public and private health facilities to provide quality services for the management of opportunistic infections 3) upgrading laboratories in several districts to improve treatment for opportunistic infections and referrals to comprehensive care centers 4) providing psychosocial support through facility and community based support groups for PLWHA 5) providing livelihood support skills to PLWHA and their households through establishment of backyard kitchen gardening and dairy farming 6) Reduce stigma and encourage positive living through Ambassador of hope and channel of hope models targeting PLWHA and religious congregations respectively, 7) business skills training for PLWHA and their households through linkages with community based micro finance institutions (MFI) and 8) providing organizational capacity building and sub grant 16 CBO/FBO to be able to implement community based care and support to the PLWHA. EGPAF will ensure that at the facility level, cotrimoxazole and (where indicated- fluconazole) prophylaxis becomes part of basic standard of care for HIV infected patients. EGPAF and JHPIEGO will also ensure that the procurement of OI drugs is done at the central level (as is the case with ARVs). The partner will also ensure that the basic care includes activities that enhance prevention with positives, as well as active TB screening in all HIV infected patients. More clients will be linked to ARV and ARV and DOTS adherence will be stepped up in FY 2008. It is expected that 20,000 HIV positive individuals will be provided with standard basic care, and 180 caregivers will be trained to provide HIV-related palliative care.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the FY 2008 Emergency Plan result by increasing the capacity of skilled health workers to provide care and treatment. It will enable service providers to identify and provide treatment to the large numbers of HIV infected patients who are potential candidates for ART. Through increased access to integrated services with linkages to HIV services, women and other community members will be encouraged to utilize services. It will also contribute to Kenya's 5-year strategy emphases of developing effective linkages between prevention, care and treatment services within an integrated network. With respect to mitigation of socio-economic impact, the activity will contribute to the program area through behavioral change, improve living standards, provide better planning and organizational abilities for income generating activities (IGAs) productivity through the training provided to them by the project. There will be reduced stigmatization against HIV/AIDS infected and affected persons reduced where non-infected recognize the infected persons doing better economically and socially.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to the Basic Care Package TBD (#8849), HIV/AIDS Treatment/ARV Services (#9073), TB/HIV care activities (#9068), AB (#8994), PMTCT (#8738) and Strategic Information (#8855).

5. POPULATIONS BEING TARGETED Two populations are being targeted: 1) People affected by HIV/AIDS (including Caregivers, HIV positive children and infants, HIV/AIDS-affected families and People living with HIV/AIDS) and 2) Groups/Organizations (including community-based organizations, country coordinating mechanisms and faith-based organizations. The clients are members of financial services associations (FSA) or other organized groups such as post test clubs or Home based care groups in each district.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The main legislative issue is the reduction of Stigma and Discrimination of PLWHAs by improving their health and increasing the possibility of returning to work to contribute to their families' welfare. This activity will increase gender equity ensuring better coverage of women and children who are more disproportionately affected by HIV/AIDS. There is a wrap around for food and microfinance/micro credit.

7. EMPHASIS AREAS

The area of major emphasis is the Development of Network/Linkages/Referral Systems by building providers' capacity to offer high quality clinical palliative care and support services, and by reinforcing quality assurance linkages with the Ministry of Health. Minor emphasis includes Quality Assurance and Supportive Supervision, Training and Linkages with Other Sectors and Initiatives by strengthening systems to link clients to other HIV/AIDS resources, including home based and psychosocial care.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8931

Related Activity: 14992, 14996, 14997, 14999, 15000, 14993, 14994, 14998

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20073	8931.20073. 09	U.S. Agency for International Development	Program for Appropriate Technology in Health	8958	4918.09	APHIA II - Western	\$100,000
20072	8931.20072. 09	U.S. Agency for International Development	Program for Appropriate Technology in Health	8958	4918.09	APHIA II - Western	\$740,000
8931	8931.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	4918	4918.07	APHIA II - Western	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14992	8738.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$2,300,000
14993	8994.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$2,100,000
14994	8927.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$1,100,000
14996	9068.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$300,000
14997	9073.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$4,400,000
14998	8777.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$1,100,000
14999	8826.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$3,300,000
15000	8855.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$250,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	32	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	20,000	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	180	False

Indirect Targets

Target Populations

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
Orphans and vulnerable children	
Pregnant women	
People Living with HIV / AIDS	
Religious Leaders	
Teachers	

Coverage Areas

Western

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3676.08

Prime Partner: Mildmay International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 4131.08

Mechanism: N/A

USG Agency: U.S. Agency for International Development Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06 Planned Funds: \$1,000,000

Activity System ID: 14927

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HBHC: Basic Care Package TBD (#8849), HBHC (#8936), HBHC (#8928) and HBHC (#8931).

2. ACTIVITY DESCRIPTION

Over 2 million Kenyans are thought to be living with HIV/AIDS. The HIV/AIDS epidemic has increased the number and percentage of people seeking health services and increased the cost of health care. This is demonstrated by the overwhelming demand for health care services with bed occupancy rates for patients with HIV/AIDS ranging from 50-75%. The KNSP 2005-2010 has identified the need for comprehensive Home Based Care (HBC) and Palliative care as key strategies required to respond to this need. Over the past three years Mildmay has provided technical assistance to enable MTC Kisumu to develop tailor made courses on HBC. The courses include short courses for divisional level services providers, for District Health Management Teams (DHMTs) and a diploma validated by MTC Nairobi to train District Home Based Care co-ordinators. Mildmay has also provided MTC Kisumu with technical assistance to develop a Business Unit. The Business Unit is now running courses on HBC relatively independently and is starting to market these courses to the Ministry of Health and other agencies such as World Vision. In FY 2008 Mildmay plans to support further institutional strengthening by working with MTCs in Kakamega, Thika and Nairobi to enable them to also offer these types of courses. Over the three year program Mildmay will focus on further institutional capacity development for MTCs across the country. There are 22 MTCs in Kenya and they provide training for 80% of health professionals in the country. The first stage of the program will focus on four MTCs with the aim of reaching half of the MTCs in Kenya by the end of the program. Institutional Capacity Building In order to ensure that MTCs can provide sustainable quality training, places will be offered on the Mildmay Degree course (validated by Manchester University) to MTC tutors and their counter parts in the PHMTs. The Mildmay Degree was developed in Kenya and has been specifically designed to strengthen institutional capacity within the health and medical education systems in relation to HIV/AIDS care training and service development. A total of 86 participants from Kenya have completed the first part of this program (level two) graduating with a diploma in HIV/AIDS care. Of these, 20 were from MTCs. Mildmay is now able to offer the next stage of this program (level three) which enables participants to graduate with a degree. The level three training prepares participants for leadership roles in relation to education and service development on HIV/AIDS care. The course is run jointly with Mildmay Uganda, with half of the modules held in Kenya and half in Uganda. This provides a unique learning environment so that participants can learn from experiences in both countries. Places will be offered to Tutors from MTC Kisumu, Nairobi, Thika, and Kakamega and senior Ministry of Health staff from these provinces. In addition, 12 places will be offered on the first part of the program, level two. This is also an 18 month part time course. Places will be offered to staff from MTCs in Thika, Kakamega, Nairobi and Senior Ministry of Health staff from Western, Nairobi and Central provinces. MTC Diploma MTC Kisumu will complete the pilot of the locally validated diploma in February 2007. This course has been adapted by MTC Kisumu from the Mildmay Degree and aims to prepare senior managers to develop effective HBC and HIV/AIDS care services at district level. In March 2008 MTC Kisumu and MTC Nairobi will offer this course to a total of 50 participants, 25 per site. Priority for places on this program will be given to Ministry of Health staff that are collaborating with APHIA II partners in Western, Nairobi and Central provinces. It is anticipated that this will be the required course for qualification as a District HBC Coordinator. MTC Kakamega and Thika will be provided with technical assistance in year one to prepare them to run this course in year two. Short Courses on HBC and Palliative Care APHIA II partners that are developing HBC services and involved in providing the Basic Care package will be requested to select, in collaboration with the PHMTs and DHMTs, Ministry of Health staff for training on short courses and the local diploma offered by the MTCs. It is envisaged that the health care professionals graduating from MTC courses will take up posts as District and Divisional HBC Coordinators. They will then be expected to train CHWs using NASCOP curricula so that carers in turn can be trained. Mildmay will provide technical assistance to enable the MTCs to integrate issues related to Palliative Care and the Basic Care package into these curricula. In the year 175 participants will be trained on MTC short courses. MTC Kisumu has the capacity to train additional participants if APHIA II partners directly support places on courses.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the FY 2008 targets by training 325 government health workers in Medical Training Colleges (MTCs) in courses ranging from short to degree-level to enhance their ability to provide quality HIV/AIDS services that are responsive to clients' needs.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to HBHC APHIA II partner activities as follows: HBHC (#8849), HBHC (#8936), HBHC (#8928) and HBHC (#8931).

5. POPULATIONS BEING TARGETED

This activity targets public health care workers including doctors, nurses and other health workers by providing training to enhance their ability to provide quality HIV/AIDS services that are responsive to clients' needs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The legislative issues being addressed are reduction of stigma and discrimination.

7. EMPHASIS AREAS

There are three minor areas of emphasis. First, there will be a Development of Network/ Linkages/ Referral Systems by training and following up students in their places of work and ensuring they are linked to share and exchange experiences. Second, Local Organization Capacity Development will occur by developing the capacity of staff. Third, Quality Assurance, Quality Improvement and Supportive Supervision will occur during the field component of the coursework and continued support will be provided following graduation. Finally, training is the major emphasis of this activity.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6992

Related Activity: 14995, 14960

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6992	4131.07	U.S. Agency for International Development	Mildmay International	4262	3676.07		\$700,000
4131	4131.06	U.S. Agency for International Development	Mildmay International	3676	3676.06		\$900,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14995	8931.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$900,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	325	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 4917.08
Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HBHC Activity ID: 8755.08 Activity System ID: 14967 Mechanism: APHIA II - Central USG Agency: U.S. Agency for International Development Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06 Planned Funds: \$385,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

The APHIA II Nairobi/Central HBHC activities will relate to HIV/AIDS treatment services (#8765), Counseling and Testing (#8976), Other Prevention (#8874), OVC (#9056), TB/HIV care activities (#9072), AB (#8731), PMTCT (#8729) and Strategic Information (#8870).

2. ACTIVITY DESCRIPTION

This activity relates to care and support for people and families affected by HIV/AIDS under the APHIA II Nairobi/Central Province Project. In FY 2008, Pathfinder International (PI) and its partners will target 13,000 people with home and community based palliative care in Nairobi and Central Province. Palliative care (basic) will include a comprehensive package of community home-based care consisting of home nursing, clinical care, nutrition, STI/HIV prevention, education, OVC care, paralegal support and protection, psychosocial and spiritual support and links to income generating activities. PI will work with local implementing partners including established NGOs, CBOs, and FBOs. PI will strengthen the technical and institutional capacity of partners and build collaborative working relationships with a variety of stakeholders to encourage effective, efficient programming. Gender and youth issues will be addressed. PLWHA will be involved to ensure expansion and high quality of care and support programming. To promote GIPA, PLWHA will be recruited through implementing partners such as KENWA and others as CHWs, as they can be particularly effective not only in improving the quality of services but also in combating the serious issue of stigma.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This APHIA II Nairobi/Central activity will reach 13,000 clients and 200 individuals will be trained to provide palliative care through 50 service outlets. This APHIA II Nairobi/Central activity responds to NACC's priority areas #2 "Improve the quality of life of people infected and affected by HIV/AIDS" and #3 "Mitigation of socio -economic impact". It is expected that the APHIA II- Nairobi/Central will adhere to GOK policies and guidelines and participate in national-level HIV technical working groups.

4. LINKS TO OTHER ACTIVITIES

Linkages to clinical services will be established through a two-way referral system and will include HIV/AIDS treatment services (#8765), Counseling and Testing (#8976), Other Prevention (#8874), TB/HIV care activities (#9072), AB (#8731) and PMTCT (#8729). Clinical supervisors and other health care providers will reinforce clinic to community referrals by being kept up-to-date on local resources for psychosocial, economic, legal and food security support. PI will link with local partners such as K-Rep to address economic insecurity through microfinance and business skills training. Implementing partners will collaborate with local programs and agencies to address food insecurity and nutrition needs.

5. POPULATIONS BEING TARGETED

This activity targets people and families affected by HIV/AIDS. Local implementing partners will be targeted for training and capacity building. Health care providers will be targeted for sensitization and training related to home-based care. CHWs and caregivers will be trained and receive periodic refresher training. Groups/Organizations targeted include community-based and faith-based organizations.

6. KEY LEGISLATIVE ISSUES ADDRESSED This activity will address issues of stigma and discrimination by improving the health and lives of the PLWAs, allowing them to provide increased care for their children and potentially return to work.

7. EMPHASIS AREAS

This activity includes major emphasis on quality and expansion of home-based care, linkages between community and formal health care sector, development and strengthening of networks and referral systems.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8755

Related Activity: 14957, 14958, 14959, 14962, 14964

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20175	8755.20175. 09	U.S. Agency for International Development	Pathfinder International	8983	4917.09	APHIA II - Central	\$60,000
20174	8755.20174. 09	U.S. Agency for International Development	Pathfinder International	8983	4917.09	APHIA II - Central	\$300,000
8755	8755.07	U.S. Agency for International Development	Pathfinder International	4926	I	enya Heartland Coffee Project/APHIA Jairobi-Central	\$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14957	8729.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$425,000
14958	8731.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$1,150,000
14959	8874.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$600,000
14962	9072.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$250,000
14964	8976.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$750,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- Human Capacity Development
- * Training
- *** In-Service Training
- * Task-shifting
- Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	50	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	13,000	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	200	False

Indirect Targets

General popula	tion		
Children (under	5)		
Boys			
Children (under	5)		
Girls			
Children (5-9)			
Boys			
Children (5-9)			
Girls			
Ages 10-14			
Boys			
Ages 10-14			
Girls			
Ages 15-24			
Men			
Ages 15-24			
Women			
Adults (25 and c	ver)		
Men			
Adults (25 and c	ver)		
Women			
Other			
Discordant Coup	bles		
People Living wi	th HIV / AIDS		

Coverage Areas			
Central			

Nairobi

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 4921.08

Prime Partner: United Nations High Commissioner for Refugees

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8736.08

Activity System ID: 15016

Mechanism: N/A

USG Agency: Department of State / Population, Refugees, and Migration Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06 Planned Funds: \$100,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence / Be Faithful (#9215), Condoms and Other Prevention (#9235), Counseling and Testing (#8980), and ARV Services (#8982).

2. ACTIVITY DESCRIPTION

The United Nations High Commissioner for Refugees (UNHCR) will support expanded palliative care services to 100 HIV-infected individuals at Dadaab Refugee Camp in North Eastern Province, Kenya, targeting both refugees and the local population. Dadaab, established in 1991, consists of three settlements (Ifo, Hagadera and Dagahare), and hosts 140,000 Somali refugees and 20,000 Kenyan Somali. Each camp has a hospital and three satellite health centers. Sentinel surveillance activities in 2005 reported a 1.4% HIV seroprevalence among ANC clinic attendees, 1.7% among STI patients, indicating a generalized epidemic and providing estimates of 2300 HIV-infected refugees. UNHCR will support a package of services that includes clinical evaluation and laboratory monitoring, provision of cotrimoxazole prophylaxis, treatment of opportunistic infections, nutritional support and improved access to safe drinking water and malaria prevention interventions for at least 50 patients; 10 health care workers will also be trained to provide palliative care services using national guidelines. This will include training in diagnostic counseling and testing to improve/increase provider-initiated testing and subsequently increase patient enrolment into HIV care. UNHCR will build on established care activities currently being provided by its three implementing partners, GTZ, National Council of Churches of Kenya (NCCK), and CARE Kenya, for people with HIV at refugee camp hospitals and health centers. UNHCR will expand care programs by providing technical support, supporting staff salaries, training staff, conducting laboratory evaluation, and providing adherence counseling and monitoring. In 2000, UNHCR and its three partners initiated HIV prevention, care and support services on a limited scale. These partners depend on UNHCR for 80-95% of their Dadaab program funding. GTZ provides health and nutrition services, the NCCK supports community-based reproductive health and HIV/AIDS education, and CARE assists with water, sanitation and education services, Financial constraints have prevented UNHCR to meet the increasing demand for a comprehensive HIV program, and additional funding and technical support are necessary to expand the scope and quality of existing services. UNHCR will work in close collaboration with CDC and other USG agencies for technical guidance on all Emergency Plan program areas.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of access to palliative care services for people with HIV, strengthened human resource capacity to deliver care, and a strengthened referral network.

4. LINKS TO OTHER ACTIVITIES

These activities will link to prevention and treatment services provided by UNHCR Abstinence / Be Faithful (#9215), Condoms and Other Prevention (#9235), Counseling and Testing (#8980), and ARV Services (#8982), and to coordination of ARV scale up supported through National AIDS and STD Control Program.

5. POPULATIONS BEING TARGETED

This activity targets the refugees and local populations, especially people living with HIV/AIDS. These populations are vulnerable to HIV infection and its impact due to their conflict-affected lives, disintegrated social network and rapid mobility. Humanitarian aid workers are also targeted for increased training to improve HIV clinical knowledge and skills.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to provision of care and treatment for refugee populations and stigma and discrimination.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, human resources, local organization capacity building, community mobilization, quality assurance and supportive supervision, logistics, and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8736

Related Activity: 15017, 15018

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20000	8736.20000. 09	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	9776	9776.09		\$130,000
8736	8736.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	4921	4921.07		\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15017	8980.08	7009	4921.08		United Nations High Commissioner for Refugees	\$200,000
15018	8982.08	7009	4921.08		United Nations High Commissioner for Refugees	\$50,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	100	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	10	False

Indirect Targets

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
People Living with HIV / AIDS	
Refugees/Internally Displaced Persons	

Coverage Areas

North Eastern

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 4930.08

Prime Partner: Sustainable Health Enterprise Foundation Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8762.08

Activity System ID: 15005

Mechanism:Child and Family Wellness
ShopsUSG Agency:U.S. Agency for International
DevelopmentProgram Area:Palliative Care: Basic Health
Care and SupportProgram Area Code:06Planned Funds:\$0

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS. NO FUNDING IS REQUESTED FOR THIS ACTIVITY DURING THIS COP PERIOD

1. LIST OF RELATED ACTIVITIES

This activity relates to all other ARV Services and OI Service Delivery activities (#8820).

2. ACTIVITY DESCRIPTION

This activity is a public private partnership between USAID and 14 private sector partners and foundations to develop the Child and Family Wellness Shops (CFWS) in Kenya. CFWS is a franchise of 64 independently owned and operated health care shops that offer primary health care services at low cost. CFWS is the local subsidiary of the Sustainable Health Enterprise Foundation, a US 501(3) c. CFWS is a Kenyan-registered not-for-profit NGO. The goal of CFWS is to sustainably expand accessibility of services. Shop owners are licensed by CFWS, whose goal is to ensure they have a living income from their business. The goals of CFWS are to 1) Improve access to essential medicines in communities where supplies are scarce, over-priced, or of poor quality; 2) Reduce mortality and morbidity rates especially for children under five; and 3) Encourage the replication of the health franchising model in the developing world by demonstrating that the model is a secure and highly cost-effective means to improve public health. With PEPFAR funding, CFWS will provide increased access to high-quality generic home based care commodities and OI drugs, will serve as a referral link for clients in need of testing and more advanced HIV/AIDS care and will also disseminate prevention messages. In its 2nd year of PEPFAR funding and third year of implementation CFWS will undertake the following activities. First they will improve the impact and sustainability of the outlets by increasing the number of patients treated and growing outlet sales. CFWS aims to increase average patient visits per outlet by 30% and the average sales per outlet by 25%. Second, they will scale up the number of outlets from 64 to 225. The combined increase in outlet productivity and growth in outlets will more than quadruple annual patient visits from 177,000 in FY 2004 to over 1,500,000 in FY 2008. Third, they will develop and test a mobile clinic model for serving more remote sparsely populated areas. Finally CFWS will expand services and products offered to include HIV/AIDS referrals and supporting treatment of opportunistic infections through improved linkages with hospitals and clinics. In addition, at least half of the shops will be converted into clinics, meaning they are staffed by a nurse, and can provide a slightly higher level of care. Most new locations will be staffed by a nurse. Nurses and shop owners are typically from the town or area that they serve and have a sustainable and vested interest in that community. CFWS provides oversight to the clinics to ensure quality of services, compliance with MOH policy and guidelines, and sustainable business practices. Each shop is performance-based, and is expected to achieve certain outcomes to maintain its CFWS license.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will expand access to palliative care services, and expand referral links nationwide to higherlevel health care facilities for HIV/AIDS testing, care and treatment.

4. LINKS TO OTHER ACTIVITIES

This activity links to CFWS HXTS (#8820) and other service delivery activities.

5. POPULATIONS BEING TARGETED

General population (Adults, youth and children), People living with HIV/AIDS, and private sector nurses and shop owners.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to Public-Private sector partnerships.

7. EMPHASIS AREAS

The major area of emphasis is Development of Network/Linkages/Referral Systems. Minor areas of emphasis are health care financing, making each facility sustainable from its operation, local organization capacity development, both of CFWS as non-profit franchise NGO and its independent franchisees, and Linkages with Other Sectors and Initiatives, as this links with the private sector.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8762

Related Activity: 15006

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8762	8762.07	U.S. Agency for International Development	Sustainable Health Enterprise Foundation	4930	4930.07	Child and Family Wellness Shops	\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15006	8820.08	7004	4930.08	Child and Family Wellness Shops	Sustainable Health Enterprise Foundation	\$0

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	N/A	True

Indirect Targets

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
People Living with HIV / AIDS	

Coverage Areas			
Central			
Nairobi			
Nyanza			
Western			

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 217.08

Prime Partner: University of Nairobi

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 4925.08

Activity System ID: 15030

Mechanism: Department of Pediatrics

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06

Planned Funds: \$250,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services (#7095), TB/HIV (#9057), and PMTCT (#7097).

2. ACTIVITY DESCRIPTION

The University of Nairobi, Department of Pediatrics (UNBO) will work to strengthen the palliative care services available at the Kenyatta National Referral Hospital (KNH) and two additional sites in order to provide services to 10,000 people with HIV, including 1000 children. Their activities will emphasize the provision of treatment to children, management of complicated opportunistic infections among HIV patients, and participants in US government sponsored research. Palliative care services will include cotrimoxazole preventive therapy, management of opportunistic infections, management of malnutrition, and end-of-life care. Activities will strengthen KNH to provide highly skilled and laboratory services, conduct training, infant diagnostic testing infants, and serve in other diagnostic and management capacities particularly with respect to care of children. In addition to providing training to 100 health care workers, UNBO will provide technical assistance to the National AIDS and STD Control Program (NASCOP) in the development of HIV care policy and guidelines. The University of Nairobi Pediatrics Department has run research clinics for perinatal cohorts of HIV infected women at KNH for 12 years studying PMTCT, immune responses, and disease progression in women and children, managing a handful of patients receiving donated ART. Research doctors have undergone short courses on the topic of HIV management and have now themselves conducted numerous courses on the topic of HIV care. The KNH Comprehensive Care Center has been running for more than 6 years providing psychosocial care, and over the past year providing ambulatory medical care to PLWHA including nutrition, opportunistic infection prophylaxis, and treatment and ART. The center has dedicated staff providing psychosocial, nutritional, and medical care. By August 2006, more than 4000 patients, including approximately 500 children were receiving care as a result of the activities of this partner.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of palliative care for people with HIV, strengthened human resource capacity to deliver HIV care services, and a strengthened referral network for provision of these services. These activities will develop the capacity of KNH to serve as a key network center, developing clinical HIV expertise in the management of both adults and children.

4. LINKS TO OTHER ACTIVITIES

This activity relates to ARV services supported by UNBO at these same sites (#7095), and TB/HIV (#9057), PMTCT activities being implemented by University of Nairobi, OBGYN (#7097), ARV services coordinated by and supported through the NASCOP (#7004), and training activities supported by the Kenya Pediatric Association, a treatment sub-partner of CHF, and to multiple activities in and around Nairobi that refer to KNH as a network center.

5. POPULATIONS BEING TARGETED

These activities target people (adults, children, infants) living with HIV/AIDS. Treatment services for diagnosis and care of very young children will be established through a relationship with Kenya Medical Research Institute (KEMRI), whereby filter paper samples are transported to the KEMRI lab for polymerase chain reaction (PCR) for infant testing. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased HIV care knowledge and skills.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, development of networks/linkages/referral systems, human resources, policy and guidelines, quality assurance and supportive supervision, and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7096

Related Activity: 15033, 15031

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19979	4925.19979. 09	HHS/Centers for Disease Control & Prevention	University of Nairobi	8939	217.09	Department of Pediatrics	\$50,000
19978	4925.19978. 09	HHS/Centers for Disease Control & Prevention	University of Nairobi	8939	217.09	Department of Pediatrics	\$330,000
7096	4925.07	HHS/Centers for Disease Control & Prevention	University of Nairobi	4298	217.07	Department of Pediatrics	\$200,000
4925	4925.06	HHS/Centers for Disease Control & Prevention	University of Nairobi	3205	217.06	Department of Pediatrics	\$115,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15033	4147.08	7017	303.08	Department of Obstetrics and Gynecology	University of Nairobi	\$1,100,000
15031	9057.08	7016	217.08	Department of Pediatrics	University of Nairobi	\$150,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10,000	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	100	False

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS
Coverage Areas

Nairobi

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 483.08

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: HBHC

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06

Activity System ID: 15036

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in TB/HIV (#8830), and ARV Services (#7100).

2. ACTIVITY DESCRIPTION

University of Washington (UW) will expand a long-standing research collaboration with the University of Nairobi to provide HIV care to 12,000 people with advanced HIV, including 120 children at 3 care sites, and support the training of 30 individuals in the provision of HIV-related palliative care services. UW will support treatment services at Coptic Hospital, a faith-based facility in Nairobi that provides services to both the general population and to individuals identified through research programs at the University of Nairobi. In addition, UW will support treatment services to two "daughter" clinics (clinics supported by the Coptic Church at facilities in Nyanza Province and in the industrial area of Nairobi. Other important aspects of the UW/Coptic Hospital program support behavior change and risk reduction for people with HIV/AIDS, with specific emphasis on patients with less advanced HIV, in whom rates of discordant partnerships have been found to be high. Funds will be used to support salaries of health care providers in accordance with Emergency Plan guidance, logistics (primarily pharmacy management), dissemination of informational materials (about ARVs and adherence) to patients, and procurement of commodities such as laboratory reagents. This partner will maintain data concerning the numbers of clients served and will report this information both nationally and through the Emergency Plan.

UW has a long presence in Kenya and extensive experience in HIV prevention and treatment both in the United States and internationally. The University has a long-standing research collaboration with the University of Nairobi, and has provided extensive capacity building in immunology and epidemiology, including supporting long-term training for University of Nairobi staff in the United States. University of Nairobi staff has also donated their time to support the establishment of HIV care services at Coptic Hospital. By June 2006, the HIV Clinic (Hope Clinic) was providing care for more than 4000 patients.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of access to palliative care services for people with HIV, strengthened human resource capacity to deliver care services, and a strengthened referral network for provision of these services.

4. LINKS TO OTHER ACTIVITIES

These services will link closely to ARV treatment services provided at Coptic Hospital (#7100), Palliate Care: TB/HIV services (#8830) and also link directly to the Nairobi network center at Kenyatta National Hospital and to other services provided through the expanding partnerships between other US-based Universities and the University of Nairobi.

5. POPULATIONS BEING TARGETED

These programs target people living with HIV/AIDS including infants (0 - 5 years) and children (6 - 14 years) and private and public health care workers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community.

7. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, development of network/linkages/referral, human resources, information, education, and communication, local organization capacity building, logistics, strategic information, training, and quality assurance and supportive supervision.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7099

Related Activity: 15037, 15039

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19970	4231.19970. 09	HHS/Centers for Disease Control & Prevention	University of Washington	8935	483.09		\$60,000
19969	4231.19969. 09	HHS/Centers for Disease Control & Prevention	University of Washington	8935	483.09		\$370,000
7099	4231.07	HHS/Centers for Disease Control & Prevention	University of Washington	4301	483.07		\$200,000
4231	4231.06	HHS/Centers for Disease Control & Prevention	University of Washington	3253	483.06		\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15037	8830.08	7020	483.08		University of Washington	\$80,000
15039	4232.08	7020	483.08		University of Washington	\$3,100,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	12,000	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	30	False

General population Children (under 5) Boys Children (under 5) Girls Children (5-9) Boys Children (5-9) Girls Ages 10-14
Boys Children (under 5) Girls Children (5-9) Boys Children (5-9) Girls
Girls Children (5-9) Boys Children (5-9) Girls
Children (5-9) Boys Children (5-9) Girls
Boys Children (5-9) Girls
Children (5-9) Girls
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Pregnant women
Discordant Couples
People Living with HIV / AIDS

Coverage Areas Nairobi Nyanza

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 288.08

Prime Partner: University of California at San Francisco Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Budget Code: HBHC

Activity ID: 4137.08

Activity System ID: 15021

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services (#7090, #6945), Counseling and Testing (#6941, #6907), TB/HIV (#9054, #6944), ART training (#6991) and PMTCT (#6949).

Program Area Code: 06

Planned Funds: \$797,156

2. ACTIVITY DESCRIPTION

The University of California at San Francisco (UCSF) will increase and strengthen its support at its existing sites in Nairobi and Nyanza, as well as substantially expand services in 4 districts in Nyanza to include 13 sites in Kisumu, 33 in Suba and 54 in Migori. These activities will support palliative care services for 24,000 people with HIV, including 2400 children. Services will include diagnostic testing; ongoing counseling with a particular focus on counseling for couples (including those with discordant HIV results); and prevention, diagnosis, and management of opportunistic infections. Funds will support salaries for health care workers and infrastructure through renovation in accordance with Emergency Plan guidance, in addition to training 50 individuals to provide HIV-related palliative care services. An area of emphasis for the UCSF supported program is to manage families rather than individuals with HIV. The programs supported by UCSF make extensive efforts to identify and provide treatment to family members of enrolled patients and have structured care provision to optimize the provision of care to families. UCSF also works closely with partners providing HIV prevention services to youth, and will provide youth-friendly HIV treatment services to individuals referred from those programs. Other areas of focus include identification and provision of care for children; integration of treatment with other services like TB, MCH and family planning; greater involvement of PLWHAs as peer educators and strengthening commodity management system. UCSF is collaborating with the National AIDS and STD Control Program (NASCOP) to develop a system for telephone consultation that will allow care providers in rural areas to access HIV expertise. Additional activities will include community mobilization and dissemination of informational materials to patients. UCSF will maintain data concerning the numbers of people served and will report both nationally and through the Emergency Plan.

Because of the geographic foci of the HIV epidemic in the United States, UCSF has vast experience providing HIV care and has long been recognized as one of the premier institutions providing HIV care in the United States. The faculty of UCSF also has extensive experience developing training materials and implementing HIV care and treatment programs in resource limited settings, including Kenya. Given that UCSF has a long-standing research presence in Kenya, these activities will capitalize on the resulting knowledge of Kenya as well as technical expertise in care and treatment. By March 2007, the established patient care centers in Nairobi and Nyanza were providing palliative care services to more than 15,000 people with HIV.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the expansion of palliative care services for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver care services, and a strengthened referral network for provision of those services. The activities will specifically support improved quality of care, particularly for difficult to manage patients.

4. LINKS TO OTHER ACTIVITIES

This activity relates to ARV activities (#7090, #6945), Counseling and Testing (#6941, #6907), TB/HIV (#9054, #6944), PMTCT programs (#6949) and to ART training (#6991).

5. POPULATIONS BEING TARGETED

These activities target people (adults, children, infants) living with HIV/AIDS, including participants in US government sponsored research programs, couples with HIV, discordant couples, and families. Services for children with HIV are being established or expanded at all sites. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased HIV care and treatment knowledge and skills.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through involvement of PLWHAs in service provision and community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, development of networks, human resources, local organization capacity building, logistics, community mobilization, information, education, and communication, quality assurance and supportive supervision, and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7089

Related Activity: 15020, 15022, 15023

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20011	4137.20011. 09	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	8946	288.09		\$130,000
20010	4137.20010. 09	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	8946	288.09		\$1,200,000
7089	4137.07	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	4295	288.07		\$250,000
4137	4137.06	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	3219	288.06		\$105,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15020	8653.08	7011	288.08		University of California at San Francisco	\$550,000
15022	9054.08	7011	288.08		University of California at San Francisco	\$400,214
15023	4138.08	7011	288.08		University of California at San Francisco	\$4,930,305

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	100	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	25,600	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	88	False

Target Populations

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
Orphans and vulnerable children	
Pregnant women	
Discordant Couples	
People Living with HIV / AIDS	

Coverage Areas

Nairobi

Nyanza

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 287.08 Prime Partner: University of Manitoba

Funding Source: GHCS (State)

Budget Code: HBHC Activity ID: 4135.08

Activity System ID: 15025

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06 Planned Funds: \$100,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services (#7094) and PMTCT (#7097).

2. ACTIVITY DESCRIPTION

University of Manitoba will expand provision of palliative care services at two sites in Nairobi, providing care for 3000 people with HIV, including 300 children. Patients receiving care will include two cohorts of patients identified through US government funded research studies, their families, and others in the geographic area. Services will be provided at Pumwani Maternity Hospital (PMH) and a clinic in the Pumwani Majengo area of Nairobi. University of Manitoba activities will link with those conducted by other University based groups collaborating with the University of Nairobi and will be conducted in close collaboration with PMH and Nairobi City Council Clinics through the Nairobi Provincial ART Officer. The existing referral networks between the PMTCT program and other care and support centers within Nairobi will also be enhanced. Adherence to care will be supported through extensive involvement of peer groups. Funds will be used to support health care worker salaries in accordance with Emergency Plan guidance, and will support logistics (particularly pharmacy management) and dissemination of informational materials. The activity will support the training of 10 individuals to provide HIV-related palliative care (excluding TB/HIV). University of Manitoba has an extensive history of work in Kenya with vulnerable populations including sex workers and a long standing research collaboration with the University of Nairobi with a primary focus on evaluation of risk factors for maternal to child transmission of HIV. Since 1986, they have been the main provider of health care and counseling for over 1700 mothers and their families. This long-term association has nurtured and created a very trusting environment for patients to visit. Prior to the availability of Emergency Plan funds, it had not been possible to provide antiretroviral treatment to the women and children in this cohort because of lack of resources. University of Manitoba also has a long-standing relationship with a cohort of commercial sex workers and former commercial sex workers in the Majengo area of Nairobi. Extensive community-based services have already been established that involve peers as educators and a setting that allows this very vulnerable population to receive health services that they would otherwise be unable to access. These activities will capitalize on the HIV care expertise among the University of Manitoba staff.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of palliative care for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver HIV care, and a strengthened referral network for provision of HIV care.

4. LINKS TO OTHER ACTIVITIES

These activities link closely to ART services provided by University of Manitoba (#7094), PMTCT services at PMH provided by University of Nairobi (#7097) and to services provided at Kenyatta Hospital, a network center through University of Nairobi.

5. POPULATIONS BEING TARGETED

Patients receiving treatment will include two cohorts of patients identified through US government funded research studies, their families, women seeking antenatal and maternity services, and others in the geographic area. These populations include vulnerable women and children, in particular sex workers and former sex workers who might not otherwise seek/access medical care and who may be high risk to transmission HIV particularly in the absence of appropriate treatment and support. Public health workers will be targeted, mainly doctors, nurses, pharmacists and laboratory workers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, information, education, and communication, logistics, and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7093

Related Activity: 15027, 15033

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20024	4135.20024. 09	HHS/Centers for Disease Control & Prevention	University of Manitoba	8947	287.09		\$20,000
20023	4135.20023. 09	HHS/Centers for Disease Control & Prevention	University of Manitoba	8947	287.09		\$200,000
7093	4135.07	HHS/Centers for Disease Control & Prevention	University of Manitoba	4297	287.07		\$100,000
4135	4135.06	HHS/Centers for Disease Control & Prevention	University of Manitoba	3218	287.06		\$48,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15033	4147.08	7017	303.08	Department of Obstetrics and Gynecology	University of Nairobi	\$1,100,000
15027	4136.08	7013	287.08		University of Manitoba	\$800,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,000	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	10	False

General population			
Children (under 5)			
Boys			
Children (under 5)			
Girls			
Children (5-9)			
Boys			
Children (5-9)			
Girls			
Ages 10-14			
Boys			
Ages 10-14			
Girls			
Ages 15-24			
Men			
Ages 15-24			
Women			
Adults (25 and over)			
Men			
Adults (25 and over)			
Women			
Special populations			
Most at risk populations			
Persons in Prostitution			
Other			
Pregnant women			
Discordant Couples			
People Living with HIV / AIDS			
0			
Coverage Areas			

Nairobi

Mechanism ID: 1244.08

Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State) Mechanism: Kenya Department of Defense

USG Agency: Department of Defense

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$100,000

Budget Code: HBHC

Activity ID: 4252.08

Activity System ID: 14895

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS

The only changes to the program since approval in the 2007 COP are: +a prevention component has been integrated that is budgeted in this activity and includes the following elements: >Positive Prevention in Clinical Settings

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6957), Prevention of Mother-to-Child Transmission(#6959), ARV Services (#6958) and Palliative Care: TB/HIV (#6961).

2. ACTIVITY DESCRIPTION

The Kenyan Department of Defense (KDOD) will provide basic health care and support to over 3,500 HIVpositive military personnel, their dependents and civilian population residing near the military barracks at 8 KDOD medical facilities. In FY 2008, KDOD intends to focus upon improving the quality of life of those who are HIV positive by improving on the delivery of care to these individuals. The package of palliative care services will include cotrimoxazole prophylaxis, treatment of opportunistic infections, nutritional supplementation, de-worming of children, TB screening, sexually transmitted infection (STI) management and improved access to malaria prevention interventions. Other activities will include support of HIV positive OVCs of the military to ensure they are provided with palliative care and linked to ART services, providing support to post test clubs, strengthening of logistics capacity (particularly pharmacy management), and procurement of commodities such OI medications and laboratory reagents. In FY 2008, this activity plans to intensify palliative care in 8 existing military palliative care centers to reach a total of 3,500 patients with palliative care services and screen at least 1,750 of them for TB. The treatment centers are well distributed nationally to ensure fair geographical distribution thus ensuring the services are accessible for the population who may require this support. Referral systems and networking among smaller and larger military clinics will be developed to ensure continuity in care. A total of 40 health care workers, 5 for each site, will be trained to offer services in the 8 centers. Adherence to care will be supported through extensive involvement of PLWHA who will be trained as peer counselors to provide psychosocial support, ART and TB adherence support for both clinic patients and at the community/barrack level. Part of the FY 2008 funds will be used to role out the Prevention with positives (PWPs) initiative through procurement of supplies/materials e.g. flow charts, hand outs, posters, counselor support and evaluation. In partnership with the USDOD Walter Reed Project, the KDOD in the last 4 years has been successful in encouraging KDOD military to come forward for testing so that those who need care can be assisted. Over 26,000 people have been tested and as a result 1660 have been registered in an HIV comprehensive care clinic. As per August 2007, 1025 people were on antiretroviral therapy, and the remaining 635 were receiving basic health care and support. FY 2008 activities will build upon the success of this program to ensure that HIV positive patients are directly linked to health care and support services. Even though treatment sites are decentralized from the main military hospital in Nairobi (AFMH) to other military regions, the care and treatment of KDOD HIV/AIDS patients will continue to be closely monitored by staff from the main military hospital in liaison with the Ministry of Health to ensure maintenance of standards of care as per national guidelines. The human resource requirements will be reviewed as necessary. Data on the epidemic will be collected systematically and shared openly to facilitate in monitoring of the epidemic and to assess the services provided.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

By providing care and support to over 3500 patients as described, the KDOD basic health care and support program will contribute to the overall number of people under care in Kenya. Capacity building of PLWHA to act as peer educators will contribute to mobilization and strengthening of the KDOD program capacity to plan integrate and evaluate facility and community care support programs. The trainings and guidelines for this activity will be in accordance with the national guidelines as outlined by the National AIDS/STI Control Program.

4. LINKS TO OTHER ACTIVITIES

These activities will link closely with KDOD's counseling and testing (#6957), ARV services (#6958), and TB/HIV services (#6961). Through the KDOD PMTCT program (#6959) family members of mothers testing positive will be identified and offered opportunity for care and treatment. KDOD's BHCS and ART will constitute a continuum of care for HIV positive individuals as part of a comprehensive approach to care and treatment.

5. POPULATIONS BEING TARGETED

This activity targets most at risk populations consisting of military personnel and their dependants as well as the civilian population residing close to the barracks where treatment is otherwise unavailable (that is the population in the Kenyan administrative location within which the military treatment and care centers are located). Health care providers will also be targeted by increased ARV training, thus increasing the amount of clients able to be served more efficiently.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender equity by ensuring that both males and females are targeted as receiving services if required. This activity will also address stigma and discrimination through community education and mobilization on issues related to living positively with HIV-AIDS.

7. EMPHASIS AREAS

This activity includes emphasis on minor construction/renovation of health facilities to ensure adequate space to offer basic care services; human capacity development including training and empowering the health workers to provide basic health care and support services by supporting necessary commodities; data collection, analysis and dissemination, which will further support program monitoring and evaluation; and increasing gender equity in HIV/AIDS programs, by ensuring that equitable number of women and children are receiving treatment, and targeting increased access of services by men.

New/Continuing Activity: Continuing Activity

Continuing Activity: 6960

Related Activity: 14896, 14897, 14898, 14899, 14900

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20590	4252.20590. 09	Department of Defense	Henry M. Jackson Foundation Medical Research International, Inc.	9086	1244.09	Kenya Department of Defense	\$20,000
20589	4252.20589. 09	Department of Defense	Henry M. Jackson Foundation Medical Research International, Inc.	9086	1244.09	Kenya Department of Defense	\$160,000
6960	4252.07	Department of Defense	Kenya Medical Research Institute	4248	1244.07	Kenya Department of Defense	\$69,119
4252	4252.06	Department of Defense	Kenya Medical Research Institute	3262	1244.06	Kenya Department of Defense	\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14896	4253.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$200,000
14897	5099.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$150,000
14898	4249.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$120,000
14899	4250.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$1,150,000
14900	4825.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$300,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Estimated PEPFAR dollars spent on food

\$30,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,500	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	40	False

Indirect Targets

Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Special populations	
Most at risk populations	
Military Populations	
Other	
Civilian Populations (only if the activity is DOD)	
People Living with HIV / AIDS	

Coverage Areas			
Central			
Coast			
Eastern			
Nairobi			
Rift Valley			

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 1246.08

Prime Partner: Kenya Medical Research Institute Mechanism: Uniformed Services Project

Budget Code: HBHC

Activity ID: 5110.08

Activity System ID: 14887

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services (#6954), Counseling and Testing (#6950), TB/HIV(#6951), and PMTCT (#6953).

Program Area Code: 06

Planned Funds: \$75,000

2. ACTIVITY DESCRIPTION

The Kenya Medical Research Institute (KEMRI) in collaboration with the Kenya Uniformed Services Program (USP), comprising the National Youth Service (NYS), Kenya Wildlife Services (KWS), Kenya Prison Services (KPS), Administration Police (AP) and Kenya Police Department (KPD), will provide basic health care and support to over 1500 HIV-positive service personnel, their dependents, prisoners and surrounding communities at 8 health centers in Nairobi, Coast, Nyanza, and Rift Valley Provinces, Additionally, 30 individuals will receive training in the provision of HIV care services. Activities will focus upon improving the quality of life of Kenya Uniformed Service personnel, their families, prisoners and surrounding communities infected with HIV and needing care. At these sites, KEMRI will provide technical assistance, equipment and supplies and infrastructure improvement. In addition, KEMRI will provide basic health care, in line with the national guidelines which includes; cotrimoxazole prophylaxis for prevention of opportunistic infections, treatment of opportunistic infections and psychosocial support. Prevention of spread of HIV from those infected will also be emphasized. These centers are already providing HIV/TB clinical care for staff and the local populations, including HIV testing for TB patients/suspects and TB screening for those HIV-positive. Referral systems and networking will be developed to ensure care. The Kenya USP will manage data on people served and will report both nationally and through Emergency plan. Over the last four years, USP, in partnership with CDC, has been encouraging VCT testing among uniformed personnel to identify those requiring HIV care. Over 20,000 people are targeted to receive VCT services in 2008/2009, with an anticipated 600 (3%) HIV infected individuals to be offered care services. The USP medical services are limited and can only provide palliative care within the catchment areas of the above health centers. The referral system for referring HIV+ individuals to care and treatment services developed last year will be scaled up to continue to address the rest of the HIV infected people identified. A follow-up network system will also be expanded to cover transferred staff as well as inmates on drug therapy who get discharged from prison.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

These activities will contribute to the expansion of care services for HIV infected individuals among special populations, strengthen human resource capacity to deliver care services, and strengthen referral networks for the provision of HIV services.

4. LINKS TO OTHER ACTIVITIES

These activities will link closely with counseling and testing services (#6950), PMTCT (#6953), ARV services (#6954) and Palliative Care: TB/HIV (#6951).

5. POPULATIONS BEING TARGETED

The target populations for this activity are HIV-infected prisoners, Uniformed Services staff, their families, and residents in the neighborhoods where prisons are located. The activity also targets public health workers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in workplace programs, training, commodity procurement, logistics, development of networks, infrastructure, quality assurance and supportive supervision, and strategic information.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6956

Related Activity: 14888, 14889, 14886, 16459

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6956	5110.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	4247	1246.07	Uniformed Services Project	\$150,000
5110	5110.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3263	1246.06	Uniformed Services Project	\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14886	4258.08	6965	1246.08	Uniformed Services Project	Kenya Medical Research Institute	\$25,000
14888	4256.08	6965	1246.08	Uniformed Services Project	Kenya Medical Research Institute	\$300,000
14889	4259.08	6965	1246.08	Uniformed Services Project	Kenya Medical Research Institute	\$100,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,500	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	30	False

General population		
Children (under 5)		
Boys		
Children (under 5)		
Girls		
Children (5-9)		
Boys		
Children (5-9)		
Girls		
Ages 10-14		
Boys		
Ages 10-14		
Girls		
Ages 15-24		
Men		
Ages 15-24		
Women		
Adults (25 and over)		
Men		
Adults (25 and over)		
Women		
Special populations		
Most at risk populations		
Incarcerated Populations		
Most at risk populations		
Military Populations		
Other		
People Living with HIV / AIDS		

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 210.08 Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 4088.08

Activity System ID: 14878

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06

Planned Funds: \$252,844

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE REFERENCES TO TARGETS AND BUDGETS HAVE BEEN UPDATED.

• The only change to the program since approval in the 2007 COP is that geographic coverage has been revised to include more health facilities in Siaya, Bondo and Nyando districts while transitioning support to all the other districts to partners highlighted in the activity description below.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services (#6945), Counseling and Testing (#6941), TB/HIV (#6944), and PMTCT (#6949).

2. ACTIVITY DESCRIPTION

This will be an expansion of the existing COP 07 activities. Kenya Medical Research Institute (KEMRI) will expand ongoing treatment activities to cover 1 provincial general hospital in Kisumu, 27 health facilities in Siaya, 22 in Bondo and 21 in Nyando districts in Nyanza province. Support for the Provincial General Hospital (PGH) in Nyanza will also be expanded as the regional referral hospital including support for training and QA within the region. These expanded activities include support for provision of facility based palliative care services for 30,000 people with HIV and support for training for 500 health care workers. Laboratory and clinical network centers will be supported at the Provincial Hospital in Kisumu and District Hospitals in Siaya, Bondo and Nyando. Points of service will include all District and Sub-District Hospitals in the regions served by these referral hospitals, as well as many health centers and dispensaries. The support in COP 07 for North Eastern and Eastern South will transition to APHIA II and TBD partner respectively while Kilfif will be transitioned to APHIA Coast. In Nyanza support for treatment will be transitioned as follows: Kisumu East district (except PGH) to UCSF, Kisumu West district to DOD, Gucha, Nyamira and Kuria to APHIA II Nyanza.

At each site KEMRI provides technical assistance, equipment and supplies, infrastructure improvement, improvement of laboratory capacity, laboratory reagents, adherence counseling, assistance with monitoring and reporting, cotrimoxazole prophylaxis to prevent opportunistic infections, treatment of opportunistic infections, improved access to safe drinking water, establishment of psychosocial support groups linked to each clinic and additional community-based services. KEMRI conducts a number of activities that enhance the development of care services at the national and regional level. These include regular coordination meetings of HIV care providers in the province in collaboration with the Provincial ART Officer, regional quality assurance programs, and specimen transfer networks to optimize the availability of high quality CD4 cell count determination and national infant diagnostic HIV testing. KEMRI supports facility-based practical training during which health care workers are invited to join the functioning clinics and gain experience in all aspects of HIV treatment and clinic management. This activity's scope includes: identification and treatment of HIV-infected children and adults and provision of care in remote areas. The latter is facilitated by mobile teams that move between rural health centers and dispensaries, particularly those providing PMTCT services or TB treatment, an important step towards decentralization. KEMRI has implemented a data collection system designed to assist health facilities report national and PEPFAR indicators. In FY 2008, KEMRI will continue supporting initiation of HIV care provision to mentally ill patients at Mathari Mental Hospital, the national referral hospital for mentally ill patients in Kenya. This activity will support development of treatment guidelines for the mentally ill patients and training curriculum for the health workers in Mathari Hospital. This facility will act as a referral center for all other mental health facilities in the country

The long-standing (>25 years) collaboration between KEMRI and CDC in Kenya was initially researchbased, then expanded in 1999 to include HIV prevention and treatment activities. By the end of March 2007, this collaboration was supporting care at more than 56 facilities and was supporting palliative care services for more than 30,000 patients, mainly in Nyanza but also in eastern South and Kilifi.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of palliative care services for people with HIV, strengthened human resource capacity to deliver palliative care services, and a strengthened referral network for these services. In addition, these activities will contribute to expansion of care for HIV-infected children, in particular by supporting infant testing at sites supported both by this partner and other Emergency Plan partners.

4. LINKS TO OTHER ACTIVITIES

These services link to KEMRI-supported ARV treatment services (#6945) as well as other ART and non ART services provided by other Emergency Plan Partners like University of California, San Francisco, Catholic Relief Services and Cooperative Housing Foundation in Nyanza Province. They also tie into wellestablished referral linkages with local VCT (#6941) and PMTCT (#6949) programs. Practical training supported by KEMRI is linked directly to classroom training supported by Mildmay International (#6992). The population level impact of the supported services is being evaluated through SI activities (#6946) conducted by KEMRI. KEMRI activity support in Central and Eastern Provinces will gradually be replaced by support from Columbia University (#6868) and TBD partner (#7043).

5. POPULATIONS BEING TARGETED

The target population for this activity is people with HIV. The main geographic region served by these activities is Nyanza Province, a priority region because it has the highest prevalence of HIV in Kenya (15% compared to 7% nationally). Most of the services are provided to the general population with HIV, but special services are provided to women and children through pediatric and PMTCT-plus services, to participants in US government funded research programs and their families, and the mentally ill. Discordant couples are targeted by behavior change counseling and other prevention activities focused on HIV-infected patients.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through involvement of PLWAs in service provision and community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis on commodity procurement, development of network/linkages/referral

Activity Narrative: systems, human resources, logistics, local organization capacity building, and quality assurance and supportive supervision, training, and strategic information.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6942

Related Activity: 14875, 14879, 14880, 14881, 14882

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20631	4088.20631. 09	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	9095	210.09		\$70,000
20630	4088.20630. 09	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	9095	210.09		\$890,000
6942	4088.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	4246	210.07		\$900,000
4088	4088.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3201	210.06		\$425,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14875	4095.08	6964	210.08		Kenya Medical Research Institute	\$1,578,138
14879	4090.08	6964	210.08		Kenya Medical Research Institute	\$589,786
14880	4087.08	6964	210.08		Kenya Medical Research Institute	\$3,300,000
14881	4093.08	6964	210.08		Kenya Medical Research Institute	\$0
14882	4091.08	6964	210.08		Kenya Medical Research Institute	\$2,879,695

Emphasis Areas

Human Capacity Development

- Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	71	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	8,920	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	147	False

Target Populations

General population		
Children (under 5)		
Boys		
Children (under 5)		
Girls		
Children (5-9)		
Boys		
Children (5-9)		
Girls		
Ages 10-14		
Boys		
Ages 10-14		
Girls		
Ages 15-24		
Men		
Ages 15-24		
Women		
Adults (25 and over)		
Men		
Adults (25 and over)		
Women		
Other		
Orphans and vulnerable children		
Pregnant women		
Discordant Couples		
People Living with HIV / AIDS		

Coverage Areas

Nyanza

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 4914.08 Prime Partner: JHPIEGO

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8863.08

Activity System ID: 14864

Mechanism: APHIA II - Eastern

USG Agency: U.S. Agency for International Development Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06

Planned Funds: \$700,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

The APHIA II Eastern HBHC activities relate to HIV/AIDS treatment/ARV services (#8792), Counseling and Testing (#8782), Other Prevention (#8932), Orphans and Vulnerable Children (#9041), TB/HIV care activities (#9069), AB (#8725), PMTCT (#8752) and Strategic Information (#8875).

2. ACTIVITY NARRATIVE

USAID-APHIA II Eastern will continue to facilitate strengthened, improved and expanded care and support for Persons living with HIV/AIDS (PLWAs), their families and caregivers. In collaboration with the Ministry of Health, the Department of Social Services and existing structures at district and constituency levels, local implementing partners from among MOH facilities, FBOs, NGOs and CBOs will be identified within the targeted areas and supported with capacity strengthening and referrals strengthening to provide integrated and comprehensive home and basic health care for the target group.

This activity will provide integrated and comprehensive home and basic health care to 15,000 PLWAs. These patients will be linked to 35 health facilities providing care. Through a cascaded training of trainers, 150 primary care facility health workers will be trained to provide comprehensive and integrated care training to 1,000 home /community based care workers who in turn train the primary care givers at home, to complement the facility based services. At 35 health facility clinics, integrated training following NASCOP/DRH/Malaria/NLTP curricula will be offered to identified staff to offer services for the prevention, identification and management of OIs, monitoring of the infected adults, children and their families, coupled with appropriate counseling and education. All babies born and children of HIV infected mothers will be followed up at the CCCs or MCHs in the 35 facilities and appropriately managed. A case manager will manage referrals to and from the community. The community based component will include The community based component will include provision of small grants to approved CSOs and capacity building for the funded CSOs (CBOs, FBOs and NGOs, PLWA support groups) in the technical areas of palliative care, system strengthening in programming and management, continuous technical mentoring and monitoring through supportive supervision and quarterly review meetings, strengthening linkages and referral mechanisms for better access to services (both facility & other community services), sensitization on community mobilization, and to share results of their work and strategies with other local groups.

The capacity of PLWA support groups and older OVC will be strengthened so as enable them to be proactive leaders, advocates and participants in the response to the epidemic and will also be linked to other microfinance institutions operating in the region and or trained on how to run IGAs.

The Community care & support component will continue to provide the following services: psychosocial support, treatment literacy, basic management of OIs, ART and TB treatment adherence, adequate nutrition, home hygiene and nursing care, malaria prevention and treatment sensitization, FP and identification and referral of clients to health facility for services in the areas of HIV, TB, RH and other related health care issues. The identified local, partner CSOs will use USAID-APHIA II Eastern tools for assessment to identify the neediest PLWAs households and type of needs for each PLWA and household.

Formal linkages between health facilities and the community-based activities will be created to enhance effective care, follow-up, and tracking of referrals and assessment of patient satisfaction with the services. Both formal health care workers and community and home based care volunteer workers will be trained on effective referral.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The APHIA II Eastern will reach 15,000 clients. 1,150 individuals, including 150 facility-based health workers and 1,000 community-based caregivers, will be trained to provide palliative care through 35 service outlets. This APHIA II Eastern activity responds to NACC's priority areas #2, "Improve the quality of life of people infected and affected by HIV/AIDS" and #3 "Mitigation of socio-economic impact". It is expected that the APHIA II-Eastern will adhere to GOK policies and guidelines and participate in national-level HIV technical working groups.

4. LINKS TO OTHER ACTIVITIES

The APHIA II Eastern HBHC activities will relate to HIV/AIDS treatment/ARV services (#8792), Counseling and Testing (#8782), Other Prevention (#8932), Orphans and Vulnerable Children (#9041), Palliative Care: TB/HIV (#9069), AB (APHIA II Eastern), PMTCT (#8752), Strategic Information (#8875). Efforts will also link more clients to HIV counseling and testing, ARV and to ensure ARV and DOTS adherence will be stepped up in FY 2008.

5. POPULATIONS BEING TARGETED

Populations are being targeted are: 1) People affected by HIV/AIDS (including Caregivers, HIV positive children and infants, HIV/AIDS-affected families and People living with HIV/AIDS) and 2) Groups/Organizations (including community-based organizations, country coordinating mechanisms and faith-based organizations. Other populations targeted include other health workers for training.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address Stigma and Discrimination by providing access to increased resources in order to address the wide spectrum of problems that are faced by households when dealing with a debilitating disease in an adult family member.

7. EMPHASIS AREAS

The main emphasis is on Local Organization Capacity Development through building the capacity of communities and local organizations to implement community-based care and support to HBC clients and OVC. There is a minor emphasis on Training, Linkages with Other Sectors and Initiatives (Linkages and strong collaboration with other public and private sector prevention and treatment efforts will help to overcome resource limitations and build sustainability. Efforts will also link more clients to ARV and to ensure ARV and DOTS adherence will be stepped up in the coming year) and Community Mobilization/ Participation (building the capacity of community organizations to assist families).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8863

Related Activity: 14861, 14862, 14863, 14865, 14866, 14867, 14868, 14869

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20606	8863.20606. 09	U.S. Agency for International Development	JHPIEGO	9088	4914.09	APHIA II - Eastern	\$80,000
20605	8863.20605. 09	U.S. Agency for International Development	JHPIEGO	9088	4914.09	APHIA II - Eastern	\$620,000
8863	8863.07	U.S. Agency for International Development	JHPIEGO	4914	4914.07	APHIA II - Eastern	\$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14861	8752.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,300,000
14862	8725.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$2,300,000
14863	8932.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,200,000
14865	9069.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$300,000
14866	9041.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$5,500,000
14867	8782.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,200,000
14868	8792.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,700,000
14869	8875.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$200,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	35	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	15,000	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	1,150	False

Indirect Targets

General population			
Children (under 5)			
Boys			
Children (under 5)			
Girls			
Children (5-9)			
Boys			
Children (5-9)			
Girls			
Ages 10-14			
Boys			
Ages 10-14			
Girls			
Ages 15-24			
Men			
Ages 15-24			
Women			
Adults (25 and over)			
Men			
Adults (25 and over)			
Women			
Other			
Orphans and vulnerable children			
Pregnant women			
People Living with HIV / AIDS			
Religious Leaders			
•			
Coverage Areas			

Eastern

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3476.08

Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 6922.08

Activity System ID: 14904

Mechanism: South Rift Valley USG Agency: Department of Defense Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06 Planned Funds: \$1,050,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only change to the program since approval in the 2007 COP is: +geographic coverage has been expanded to include Kisumu West District in Nyanza Province and Kipkelion District in Rift Valley, therefore increasing the geographic coverage from 6 to 8 districts.

1. LIST OF RELATED ACTIVITIES

This activity relates to HIV/AIDS Treatment/ARV services (#6973.08), Palliative Care: TB/HIV (#6975.08), Counseling and Testing (#6968, #7038), Prevention (#8808.08), OVC (#12478.08) and PMTCT (#4804.08).

2. ACTIVITY DESCRIPTION

The South Rift Valley (SRV) Program is a broad initiative by the Walter Reed/KEMRI-HIV project in collaboration with the Ministry of Health and Faith-based (including a local community based organization) health care programs within 8 districts (2 new districts added to the previous 6 districts) in the South Rift Valley and Nyanza Provinces of Kenya.

The South Rift Valley Program serves a population of approximately 2.7 million people, with a HIV prevalence ranging from 5% to as high as 19% in some congregate settings. In 2006, about 100,000 adults were estimated to be living with HIV, and about 15,000 being children under 15 years. As of March 31, 2007, the South Rift Valley program was providing basic health care and support services to 16,065 HIV infected patients, of whom 6021 were on ARVs. In FY08 the program will increase the number of HIV infected patients receiving facility based basic care services to 33,000.

To ensure sustainability the program will work hand in hand with the Ministry of Health and NASCOP in offering basic health care and support services. In FY08, concerted efforts will continue to support quality clinical care for HIV infected patients including routine patient follow up, laboratory monitoring, prevention (including Co-trimoxazole Preventive Therapy) and treatment of opportunistic infections (OIs), and treatment literacy and drug adherence. Nutritional (including multi-vitamin supplementation) support; psychosocial care, including support groups to encourage positive living, disclosure counseling, and mental health services; prevention with positives; family planning and STI services will additionally continue to be supported. Regular support supervision and technical assistance; and timely, efficient and accurate data collection, analysis and dissemination will be further consolidated.

In order to decongest the overcrowded district level facilities and enhance accessibility of basic care services by the rural underserved population, decentralization of basic health care services and follow up of stable patients at lower level facilities (health centers and dispensaries) will continue to be supported in accordance with the network model. In FY08, this model will be expanded to support 12 additional lower level facilities throughout the 8 districts, bringing the number of facilities offering basic health care in the region to 86. By doing so, over 40% of the current patients seeking basic care services will be able to access the services in nearby rural facilities. To support the scale up, 120 additional health workers will be trained on basic health care and support.

As of March 31, 2007, the South Rift Valley program was providing basic health care and support services to 1,668 children, of whom 580 were on ART. In FY08 the program will continue to strengthen pediatric diagnosis (including early infant diagnosis), provision of quality pediatric care and treatment, and improve referrals and linkages; with an aim of providing basic care to 3,300 children.

In FY 2008, the South Rift Valley basic health care and support program will also support Live with Hope Center (LWHC) in their community home based care program which has been receiving Emergency Plan funds since FY 2004. In FY 2008, the program will continue to serve and care for over 1,000 individuals in their homes in the provision of basic health care as well as psychological support and counseling through community clinical health workers as well as PLWHA community volunteers.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute substantively to Kenya's FY08 goal of providing facility based basic care and support to 460,200 clients, by providing services to 33,000 individuals (7% of the overall FY 2008 Emergency Plan national target). The collaboration with MOH, other GOK offices and major stakeholders will ensure these services are sustainable.

3. LINKS TO OTHER ACTIVITIES

This activity is linked directly to the other KEMRI-SRV HIV/AIDS program initiatives in 8 districts in the SRV and Nyanza provinces of Kenya. It is directly related to KEMRI-South Rift ARV services (#6973.08) in the identification and provision of palliative care to all HIV+ patients (including those not on ARVs). It is also linked to the orphans and vulnerable children (OVC) program (#12478.08) to ensure those HIV+ children in palliative care that require additional services are adequately linked to receive the support.

4. POPULATION BEING TARGETED

The KEMRI-SRV basic health care and support program serves the civilian population in the SRV region. The program will target primarily those people affected by HIV/AIDS including discordant couples, caregivers as well as children since the main objective is to provide supplemental care to existing ART services. Health care providers (both in public and private institutions) will also be targeted by increased palliative care training to enhance their capacity to provide basic health care services. The work accomplished by LWHC will be a demonstration of palliative care work with a community/faith based group in Kericho district.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address increasing gender equity in HIV/AIDS programs by ensuring that both men and women access basic health care and support services. Traditionally, women are more receptive to the service but efforts will be made through a strong peer support network and counseling services to encourage men to access services as well. Counselors will continue to be used to address psychosocial issues that may contribute to the spread of HIV, including issues of disclosure and discordance among partners. The effort of decentralization of services to lower level facilities through the network model will continue to be strengthened and will help in reducing stigma and discrimination by the delivery of services

Activity Narrative: at the community level.

6. EMPHASIS AREAS

This activity includes emphasis on minor construction/renovation of health facilities to ensure adequate space to offer basic care services; human capacity development including training and empowering the health workers to provide basic health care and support services by supporting necessary commodities; data collection, analysis and dissemination, which will further support program monitoring and evaluation; collaboration with the MOH and NLTP to support family planning, malaria prophylaxis and treatment and commodities for TB diagnosis and treatment; and increasing gender equity in HIV/AIDS programs, by ensuring that equitable number of women and children are receiving treatment, and targeting increased access of services by men.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6922

Related Activity: 14902, 14903, 14905, 14906, 14907, 14908, 14917

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6922		Department of Defense	Kenya Medical Research Institute	4249	3476.07	South Rift Valley	\$940,881

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14902	4804.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$2,021,145
14903	8808.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$240,000
14905	6975.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,200,000
14906	12478.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$300,000
14907	4828.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,280,000
14917	4114.08	6973	238.08		Live With Hope Centre	\$150,000
14908	6973.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$7,170,714

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * TB

Food Support

Estimated PEPFAR dollars spent on food

\$21,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	86	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	33,000	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	120	False

Indirect Targets

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
Discordant Couples	
People Living with HIV / AIDS	

Coverage Areas	
Rift Valley	

Nyanza

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3465.08

Prime Partner: National AIDS & STD Control Program Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 4224.08

Activity System ID: 14934

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06

Planned Funds: \$500,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#7009), PMTCT (#7006), ARV Services (#7004), Strategic Information (#7002) and TB/HIV (#7001).

2. ACTIVITY DESCRIPTION

This will be an expansion of the 07 activities as described in the COP. The National AIDS and STD Control Program (NASCOP) is the arm of the Ministry of Health that is responsible for implementation of medical interventions related to treatment and prevention of HIV/AIDS. NASCOP will oversee the implementation of all HIV care programs in Kenya. Specific activities supported by NASCOP will result in provision of palliative care services to 7,000 people with HIV (including 700 children) not included in other reported targets at approximately 25 sites not otherwise supported by the Emergency Plan. These activities will also result in the training of 350 health care workers. Emphasis will be placed on developing regional trainers who will provide classroom training and mentorship of health care workers at the facility level. Specific NASCOPsupported activities will include the coordination of all partners in the provision of care for people with HIV (through national level meetings such as the National ART task force), and supervision of treatment in Ministry of Health and other facilities. Specific guidelines for prevention and treatment of opportunistic infections including sexually transmitted illness, HIV prevention in care settings, and management of nutrition interventions will be kept updated, printed, and distributed. The national system for tracking the numbers of people enrolled in patient support centers (HIV clinics) will be improved. Funds will be used to provide administrative support and transport for the Provincial/Regional ART coordinators so that they can coordinate, track, and provide supportive supervision to sites in their areas and to support regular regional meetings of care providers. The supervisory structure at NASCOP includes a core staff at a national level that consists of a small technical and administrative staff and an expanding staff responsible for M&E. A system of regional supervision of HIV/AIDS treatment activities has been established with Provincial ART Coordinators ("PARTOS") who are responsible to assist with establishment of care and treatment services at additional sites, site evaluations, accreditation, and supervision for care program. NASCOP will distribute HIV prevention materials for health care providers incorporating consistent messages regarding HIV status disclosure, partner testing, and condom use to prevent sexual transmission. Other activities will include, the development of referral systems and care linkages for HIV positive mothers and infants identified through the PMTCT programs, decentralization of care and treatment services to lower level health facilities to increase access and reduce the waiting list at the provincial and district hospitals, an intensified focus on pediatric provision of care, and improved coordination with other sources of support such as the Global Fund for AIDS, Tuberculosis, and Malaria.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities are essential to the overall implementation and coordination of HIV care and treatment programs in Kenya. NASCOP supported activities are essential to the formation/strengthening of the linkages needed in the network model and to the development of a sustainable system to provide HIV care in Kenya.

4. LINKS TO OTHER ACTIVITIES

There are strong linkages between these activities and virtually all HIV prevention and treatment activities in Kenya. All Emergency Plan partners have been encouraged to extend efforts to further strengthen these linkages by coordinating with and supporting the activities of the Provincial ART coordinators and by participating in national efforts such as policy/guideline revision and national stakeholders meetings. Activities are closely linked to Management systems of Health (MSH) supported logistics/systems strengthening particularly for the Kenya Medical Supplies Agency (#8401). Other linkages include Counseling and Testing (#7009), PMTCT (#7006), ARV Services (#7004), Strategic Information (#7002) and TB/HIV (#7001)

5. POPULATIONS BEING TARGETED

Populations targeted by these activities include people living with HIV/AIDS including HIV positive children (6 - 14 years) and health care workers and others providing services to people with HIV.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphases in quality assurance and supportive supervision, development of networks/linkages/referral systems, logistics, human resources, policy and guidelines, strategic information (M&E, IT, Reporting) and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7005

Related Activity: 14930, 14935, 14936, 14937

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20222	4224.20222. 09	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	8994	3465.09		\$50,000
20221	4224.20221. 09	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	8994	3465.09		\$370,000
7005	4224.07	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	4266	3465.07		\$700,000
4224	4224.06	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	3465	3465.06		\$422,500

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14930	4225.08	6981	3465.08		National AIDS & STD Control Program	\$550,000
14935	4126.08	6981	3465.08		National AIDS & STD Control Program	\$1,075,000
14936	4787.08	6981	3465.08		National AIDS & STD Control Program	\$700,000
14937	4223.08	6981	3465.08		National AIDS & STD Control Program	\$1,600,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	25	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	7,000	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	350	False

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS
Table 3.3.06: Activities by Funding Mechansim

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 360.08 Prime Partner: Liverpool VCT and Care

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 4177.08

Activity System ID: 14918

Mechanism: N/A **USG Agency:** HHS/Centers for Disease **Control & Prevention** Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06 Planned Funds: \$200,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only change to the program since approval in the 2007 COP is: +geographic coverage has been revised to include expansion in Kitui and Nairobi while transitioning support to Rachuonyo District in Nyanza Province to APHIA.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services (#6985, #8983), Counseling and Testing (#6983), TB/HIV (#6944), PMTCT (#6949) and HBHC activities (#7043).

2. ACTIVITY DESCRIPTION

Liverpool Voluntary Counseling, Testing and Care Project (LVCT) will expand existing programs to provide palliative care services to 6,000 people with HIV, including 600 children at 11 sites in Nairobi and Eastern Provinces. Support for palliative care in Rachuonyo district, Nyanza Province will be transitioned to APHIA. The package of palliative care services includes cotrimoxazole prophylaxis for opportunistic infections, treatment of opportunistic infections, multivitamins, improved access to malaria prevention interventions, and end-of-life care. LVCT will also support implementation of regional activities such as regional quality assurance and coordination meetings in collaboration with the Provincial ART Officer and the TBD care and treatment partner for Eastern south. Funds will be used to support salaries for health care providers in accordance with Emergency Plan guidance, train 80 individuals in the provision of HIV-related palliative care services, and to procure commodities such as laboratory reagents. Supported activities will also include sensitization and mobilization of the communities in the areas of the supported facilities and dissemination of informational brochures. Significant changes from FY 2007 to FY 2008 include geographic consolidation of activities, expanded support for coordination activities, and an increased emphasis on support for treatment of children and quality assurance for care through semi-annual audits.

LVCT is a local, Kenyan organization that started as a project under the Liverpool School of Hygiene and Tropical Medicine. When LVCT became a Kenyan NGO, they retained the name of Liverpool because of its wide recognition in Kenya. LVCT has been a key provider of VCT services in Kenya and since 2003 has been supporting implementation of HIV care and treatment programs. In the specific area of palliative care, Liverpool staff brings substantial medical expertise, and have played a crucial role in development of national policies and training materials and a desk-top referral manual that has now been made available throughout Kenya.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of palliative care services for people with HIV, strengthened human resource capacity to deliver palliative care services, and a strengthened referral network for provision of these services.

4. LINKS TO OTHER ACTIVITIES

These activities link ARV treatment services supported by LVCT in these sites (#6985), LVCT HBHC activities (#7043) and ART and non ART services supported by other provincial partners, e.g. KEMRI in Nyanza TB/HIV (#6944), and PMTCT (#6949), University of Nairobi in Kenyatta National Hospital, and JHPIEGO (#6925) and TBD in Eastern (#8983).

5. POPULATIONS BEING TARGETED

The primary target group for these activities is people living with HIV/AIDS, including HIV positive children (6 - 14 years). LVCT activities serve high priority, vulnerable, and stigmatized populations, e.g., high risk slum populations, the deaf, and men who have sex with men. Health care workers are also targeted for training in care and treatment.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through involvement of PLWAs in service provision and community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, development of networks, human resources, information, education, and communication, local organization capacity building, policy and guideline development, training, quality assurance and supportive supervision, and logistics.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6984

Related Activity: 14919, 14920, 14921

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20247	4177.20247. 09	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	9001	360.09		\$40,000
20246	4177.20246. 09	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	9001	360.09		\$260,000
6984	4177.07	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	4257	360.07		\$200,000
4177	4177.06	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	3235	360.06		\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14919	12459.08	6974	360.08		Liverpool VCT and Care	\$70,000
14920	4176.08	6974	360.08		Liverpool VCT and Care	\$2,400,000
14921	4178.08	6974	360.08		Liverpool VCT and Care	\$1,000,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	11	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	6,000	False
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	80	False

Indirect Targets

General population
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Special populations
Most at risk populations
Men who have sex with men
Other
Orphans and vulnerable children
Pregnant women
Discordant Couples
People Living with HIV / AIDS

Coverage Areas

Eastern

Nairobi

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3615.08

Prime Partner: Kenya Rural Enterprise Program Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 5080.08

Activity System ID: 14914

Mechanism: FAHIDA USG Agency: U.S. Agency for International Development Program Area: Palliative Care: Basic Health Care and Support Program Area Code: 06 Planned Funds: \$1,100,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

+ geographic coverage has been expanded to include Coast, Nyanza, Nairobi, Central, Eastern, and Rift Valley provinces in Kenya. KREP will work closely with the APHIA II integrated service delivery partners in the provinces to expand microfinance services to the populations infected and affected by HIV/AIDS.

+ this activity will include creating a sustainable Savings and Credit Scheme for HIV/AIDS infected and affected persons and also provide basic business management training to clients.

1. LIST OF RELATED ACTIVITIES

This Activity is related to HBHC APHIA II Western TBD (#8931).

2. ACTIVITY DESCRIPTION

This activity seeks to mitigate the adverse socio-economic consequences of the AIDS epidemic on infected and affected persons by establishing a sustainable savings and credit scheme and disbursing loans to about 650 new borrowers within the existing program area. In January 2001 with funding from USAID, K-Rep Development Agency (K-REP) started a pilot project to provide financial services to HIV/AIDS infected and affected persons in three districts (Kakamega, Butere-Mumias, and Busia) in Western Kenya. This was preceded by a study which concluded that HIV/AIDS infected and affected persons lacked access to financial services. The three-year pilot phase ended in December 2003. A follow-on expansion and consolidation phase funded out of PEPFAR was approved in February 2005 to include Bungoma and Siaya districts in Western Province. The project is primarily providing savings and credit services to the targeted clients using group lending and village banking approaches. Loans are made to HIV/AIDS infected and affected persons to start or expand existing micro and small businesses. Clients also receive training in basic business management. Through partner organizations, clients receive other services such as counseling, education on health issues related to AIDS.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the Kenya 5-year strategy and result in 650 new borrowers who are infected or affected by HIV/AIDS. Supporting their income generating activities will directly improve their standard of living and health condition. Currently the program covers five districts in western province with target groups of people living with AIDS (PLWHAs) in the communities including Commercial Sex Workers (CSWs). This will contribute to behavioral change, improve living standards, provide better planning and organizational abilities for income generating activities (IGAs) productivity through the training provided to them by the project. There will be reduced stigmatization against HIV/AIDS infected and affected persons reduced where non-infected recognize the infected persons doing better economically and socially.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to other palliative care activities that will be implemented by the APHIA II Western TBD (#8931). The linking of activities aims to address the mobilization and provision of counseling and psychosocial support to the HIV/AIDS infected and affected and volunteers.

5. POPULATIONS BEING TARGETED

This activity will target people affected and infected by HIV/AIDS, they include PLWAs in the communities, youth, commercial sex workers, who are members of financial services associations (FSA) or other organized groups such as post test clubs or home-based care groups in each district.

6. KEY LEGISLATIVE ISSUES ADDRESSED

By supporting income generating activities for PLWA this activity will directly improve their standard of living and health condition, thereby prolonging their lives as well as reducing stigma and discrimination. Other legislative issues are access to Microfinance and Micro-credit to the various groups, which will boost their income generating activities thereby economically empowering the infected and affected families.

7. EMPHASIS AREAS

The main emphasis will be community mobilization and participation by providing savings and credit services to the target groups that undertake IGAs. Ultimately it is anticipated that the program will improve the living standards and develop a positive living approach of the target group. Minor emphasis will be in training the target groups in basic business management skills.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6972

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20254	5080.20254. 09	U.S. Agency for International Development	Kenya Rural Enterprise Program	9004	3615.09	FAHIDA	\$1,100,000
6972	5080.07	U.S. Agency for International Development	Kenya Rural Enterprise Program	4253	3615.07	FAHIDA	\$650,000
5080	5080.06	U.S. Agency for International Development	Kenya Rural Enterprise Program	3615	3615.06	FAHIDA	\$100,000

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV- related palliative care (excluding TB/HIV)	N/A	True

Indirect Targets

General population	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Special populations	
Most at risk populations	
Persons in Prostitution	
Other	
Orphans and vulnerable children	
People Living with HIV / AIDS	
HVTB - Palliative Care: TB/HIV	
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Total Planned Funding for Program Area:	\$19,067,150

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$20,000
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

HVTB Program Narrative COP 2008

Key Result 1: Reduced HIV burden among TB clients, their partners, and family members through expanded HIV testing, cotrimoxazole therapy, referral to HIV care and treatment programs, and HIV prevention activities in TB settings.

Key Result 2: Reduced TB burden among persons living with HIV (PLHIV) through expanded TB screening, TB prophylaxis, and TB infection control in HIV care settings.

Key Result 3: Improved integration of HIV and TB services through supportive supervision, coordination between TB and HIV programs, monitoring and patient referral/tracking systems, clinical and laboratory improvements, and health care worker staffing and training.

Key Result 5: Coordination with local and international partnerships for human resources, commodities, and infrastructure.

Key Result 6: Strengthened capacity for quality TB diagnostic and treatment services and identification and control of the emerging threat of Multi-drug Resistant (MDR)-TB.

CURRENT PROGRAM CONTEXT

Kenya ranks #10 among 22 countries that collectively contribute 80% of the world's TB burden. Between 1995 and 2006, TB case notification has risen from 57/100,000 persons to 325/100,000. The National Leprosy and Tuberculosis Program (NLTP) and the National AIDS and STI Control Programme (NASCOP) guide TB and HIV policies and oversee implementation of collaborative TB/HIV activities as part of their overall mandates.

The NLTP is currently implementing its Five-Year (2006-2010) Strategic Plan. In May 2007, through USG support, the NLTP and NASCOP held a national stakeholders' workshop whose outcomes will guide national policy on TB prophylaxis for PLHIV, on intensified TB case finding (ICF) among PLHIV, and on TB infection control in HIV care settings. This workshop set the stage for new or expanded activities in each of these areas.

STATISTICS

In 2006, the NLTP identified 115,000 TB patients and is projecting increases to 133,000 in 2007 and 155,000 in 2008. Of TB cases registered in 2006, 42,000 (37%) were smear-positive. DOTS coverage is almost universal through observation either by a provider or a treatment "buddy." Nationally, the HIV prevalence among TB patients is 54%, exceeding 80% in some areas. At the 777 TB diagnostic sites and 1,800 TB treatment sites, 74% of TB patients receive an HIV test and 80-90% of co-infected patients receive cotrimoxazole therapy. Approximately 78% of HIV+ TB patients are eligible for ART and 30% receive ART before completion of TB treatment. The percentage of TB patients with MDR-TB is < 1%.

SERVICES AND LINKAGES

In 2008, the total number of TB patients receiving HIV testing will reach 147,250 (>95%). The number of co-infected patients receiving basic care will increase to 79,500 (100% of those identified), and integration efforts will place 31,806 on ART (50% of those eligible). The Emergency Plan (EP) vision in 2008 is to help Kenya consolidate gains made and expand collaborative activities. Greater focus will be placed on activities that reduce the TB burden among HIV+ persons, assist in the containment of MDR-TB, support HIV prevention in TB settings, and enhance horizontal collaboration across all HIV programs.

Key 2008 program emphases include TB screening among HIV-infected patients; integrating, standardizing, and improving the quality of care and access to ART; improvement in pediatric diagnostics; increasing the incorporation of prevention with positives (PwP) activities within TB service delivery; and improving culture capacity, drug susceptibility testing (DST) and TB surveillance (including for MDR-TB).

As part of strengthening collaborative TB/HIV activities, NASCOP and implementing partners will expand coordination and implementation of routine TB screening for HIV-infected patients in comprehensive care centers to achieve targets of at least 50% of HIV patients screened, ensure that symptomatic patients access TB diagnostic services, and those with confirmed disease receive TB treatment and are reported to the NLTP. NLTP and NASCOP are developing a standard algorithm for Intensified Case Funding (ICF) to be used in HIV settings. ART clinics will expand TB screening among patients while TB clinics continue diagnostic HIV testing among TB patients and improve ART referral mechanisms.

Emphasis will also be place on delivery of integrated HIV and TB services through the expansion and strengthening of technical supportive supervision, coordination of TB and HIV programs, and improvement of monitoring and patient referral/tracking systems. In 2007, NLTP piloted implementation of a six-month TB treatment course in four zones in Nairobi. All patients will receive a four drug intensive phase, followed by four months of isoniazid and rifampin. In 2008 this new treatment regimen will expand geographically. Close communication with the ART program will be necessary to ensure accurate ARV forecasting.

EP funds will strengthen and expand pediatric TB diagnosis and treatment among HIV+ children. Pediatric TB patients will be targeted for HIV testing, and HIV-infected children whose parents have active TB will be considered for IPT.

The Kenya HIV Prevention Summit in May 2007 underscored the importance of PwP activities. Building on a 2007 media campaign targeting health care workers and health care provider piloted materials, PwP activities will be initiated and expanded at TB clinical sites. Consistent prevention messages regarding HIV status disclosure and preventing partner transmission will be used in TB settings. The EP will support prevention within discordant couples through support services, training, and condom provision. In addition, communication and education efforts will increase knowledge about HIV discordance within TB settings and strategies to decrease HIV transmission.

Kenya will continue to strengthen laboratory capacity (infrastructure, personnel, training, logistics, communication, commodities, and biosafety) to expand access to smear microscopy, TB culture, and DST and improve external quality assurance. The Central National Reference Laboratory will develop and implement systems for quality assurance as well as quality control. DST will be expanded from 10% to 50% of retreatment specimens to detect drug resistance for clinical decision-making and surveillance. Prevention, detection, and management of MDR-TB in HIV+ patients will be supported through collaboration with Kenyatta National Hospital where an MDR-TB isolation and treatment facility is being constructed through Global Fund support. EP funds will support a KEMRI/CDC TB laboratory in Kisumu to become a regional Kenya reference laboratory. In order to expand human resources for TB laboratory services, EP funds will also be used to hire laboratory technologists to supplement support from the Global Fund.

POLICY

EP funds will be used to assist the MOH to formulate strong TB infection control policy guidelines and practices to prevent TB transmission to PLHIV and health care providers. Nyanza Province will pilot implementation of TB infection control in selected health facilities.

In 2008, Kenya also plans to develop national isoniazid preventive therapy (IPT) guidelines and to pilot IPT in selected districts. IPT will be considered for HIV+ persons (both children and adults) for whom active TB disease has been ruled out.

WORK OF HOST GOVERNMENT AND OTHER IMPLEMENTING PARTNERS

USG agencies will continue to work complementarily with the NLTP, NASCOP, the World Health Organization (WHO), the National Public Health Laboratory Services (NPHLS), other donors and all implementing TB/HIV partners through the national TB-Interagency Coordinating Committee and the national TB/HIV coordinating committee. Kenya expects to receive Global Fund Round 6 TB funding to support TB laboratory infrastructure at the primary care level. The MOH will leverage support and technical assistance from the WHO Green Light Committee to facilitate less expensive and more comprehensive treatment of MDR-TB. Through OGAC/WHO collaboration, Kenya received additional funding for expanded TB/HIV activities in 30 districts (15 in 2006, another 15 in 2007), including TB/HIV stakeholder meetings, expanded HIV testing of TB patients, ICF, and laboratory strengthening.

MONITORING AND EVALUATION

Current TB reporting is performed at the district level. In September 2007, an electronic TB monitoring and evaluation system piloted through personal data assistants (PDAs) at the facility level in Nairobi and Nyanza provinces will be evaluated and scaled-up to additional sites.

Documentation and monitoring of the following custom indicators introduced in 2007 will be strengthened and expanded in 2008: (1) number and percentage of HIV+ patients in HIV care screened for TB; (2) number and percentage of TB suspects/patients tested for HIV; (3) number and percentage of HIV+ registered TB patients/suspects; (4) number and percentage of HIV+ TB patients receiving CTX; and (5) number and percentage of HIV+ TB patients receiving ART.

Program Area Downstream Targets:

7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or 1800 presumed) in a palliative care setting

7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	79500
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	3000
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	147250

Custom Targets:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	390.08	Mechanism:	SPS
Prime Partner:	Management Sciences for Health	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)	Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB	Program Area Code:	07
Activity ID:	8713.08	Planned Funds:	\$600,000
Activity System ID:	14923		

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HIV Treatment: ARV drugs (#6989) and Laboratory Infrastructure (#6990).

2. ACTIVITY DESCRIPTION.

The USAID funded Strengthening Pharmaceutical Systems Project (SPS), implemented by Management Sciences for Health, will continue to strengthen, improve and maintain the national logistics and distribution system for HIV clinical care, support and the prevention of TB. Through system strengthening, training and monitoring, the National Leprosy and Tuberculosis Program (NLTP) will be enabled to improve case detection rates, establish Diagnostic Counseling and Testing (DTC) and provide integrated TB/HIV treatment and referral. Under the KEMSA support, SPS proposes to continue supporting Central NTLP and peripheral NTLP activities and at the same time, develop plans to capacitate NTLP to assume key administrative and operational activities. As with other MOH programs and services which have continued to request technical support for quantification and forecasting, the NLTP has also expressed a need in these areas. Specifically, NLTP would benefit from greater knowledge and skills in quantification and forecasting so as to move away from annual historical projections for commodities that contribute to perennial stock outs and/or over supply. In 2006, 115,173 active cases of tuberculosis were notified to the NLTP. National HIV/TB co-infection rate stands at 52%. Provincial and District TB and Leprosy Coordinators need to have access to not only TB drugs but also HIV tests for DCT, and prophylaxis treatment regimes such as cotrimoxazole. These integrated HIV commodities will be added into the TB logistics system, so as to provide a fully integrated TB/HIV service. Tight financial management and accountability is the key to the success of the program as can be seen through present efforts as well as the TB program on which this program design was based.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will support the distribution and logistics systems for equipment, supplies (such as laboratory equipment and pharmaceuticals including cotrimoxazole and isoniazid), and training necessary to implement the National TB program for integrated TB/HIV activities. Targets for patients treated as a result of these activities are listed under the activities funded through the NLTP and other partners collaborating in the implementation of integrated TB/HIV activities.

3. LINKS TO OTHER ACTIVITIES

This activity also relates to activities in ARV drugs (#6989) and Laboratory Infrastructure (#6990), which concentrate on improving logistics for the various HIV/AIDS related commodity groups from condoms, home -based care kits, laboratory equipment and reagents to other associated health commodities.

4. POPULATIONS BEING TARGETED

The main beneficiaries are people living with HIV/AIDS.

5. EMPHASIS AREAS

The major emphasis area for this component is logistics serving to enhance the availability of anti-TB drugs. Minor areas of emphasis include quality assurance and support supervision and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8713

Related Activity: 14952, 14924, 14925

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20231	8713.20231. 09	U.S. Agency for International Development	Management Sciences for Health	8995	390.09	SPS	\$470,000
8713	8713.07	U.S. Agency for International Development	Management Sciences for Health	4260	390.07	RPM/PLUS	\$1,400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14952	8754.08	6985	4924.08		Partnership for Supply Chain Management	\$825,000
14924	4209.08	6976	390.08	SPS	Management Sciences for Health	\$4,000,000
14925	4210.08	6976	390.08	SPS	Management Sciences for Health	\$900,000

Emphasis Areas

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Prime Partner:	Liverpool VCT and Care	USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB	Program Area Code:	07
Activity ID:	12459.08	Planned Funds:	\$70,000
Activity System ID:	14919		
Activity Narrative:	THIS IS AN ONGOING ACTIVITY. THE NAP REFERENCES TO TARGETS AND BUDGE		EXCEPT FOR UPDATED
	1. LIST OF RELATED ACTIVITIES This activity relates to activities in Palliative Testing (#) and ARV Services (#).	Care: Basic Health Care and	Support (#), Counseling and
	2. ACTIVITY DESCRIPTION Liverpool Voluntary Counseling, Testing and 11 sites in Nairobi, Eastern and Nyanza Pro- patients and HIV screening for 450 TB suspi facilities; approximately 225 patients will be is support refresher training of laboratory staff order to meet the increased needs for TB test prophylaxis and/or treatment for TB to HIV-in strengthened delivery of integrated HIV and activities will include community mobilization will maintain data concerning the numbers of Emergency Plan. LVCT is a local, Kenyan of of Hygiene and Tropical Medicine. When LV Liverpool because of its wide recognition in I and since 2003 has been supporting implem area of palliative care, Liverpool staff brings development of national policies and training made available throughout Kenya.	vinces. Intensified TB screer ects/patients will be offered a identified as being infected v and improvement of basic la sting. 25 health care workers infected individuals. Fund will TB services including streng and dissemination of educa f people served and will repor rganization that started as a CT became a Kenyan NGO, Kenya. LVCT has been a ke entation of HIV care and trees substantial medical expertis	hing and treatment for 3,000 HIV as a standard of care in all the vith both TB and HIV. Funds will boratory microbiology capacity in s will be trained to provide clinical I support expanded and thened referral systems. Additional titonal materials to patients. LVCT ort both nationally and through the project under the Liverpool School they retained the name of y provider of VCT services in Kenya atment programs. In the specific e, and have played a crucial role in
	3. CONTRIBUTIONS TO OVERALL PROGE These activities will contribute towards the p patients care by reducing TB morbidity and r related morbidity and mortality in TB patients systems, improve diagnostics and treatment health workers to provide integrated HIV and	provision of integrated HIV/T nortality in HIV-infected indiv s co-infected with HIV. These of TB among HIV-positive p	viduals and also reducing HIV e activities will strengthen referral
	4. LINKS TO OTHER ACTIVITIES The overall program activity links closely to partner as well as HIV/TB services supporte		vices (#) currently supported by this
	5. POPULATIONS BEING TARGETED These activities target people living with HIV pharmacists, laboratory workers will receive government guidelines.		
	6. KEY LEGISLATIVE ISSUES ADDRESSE This activity addresses legislative issues rela sensitization activities.		ation through community
	7. EMPHASIS AREAS This activity includes minor emphasis in cor networks/linkages/referral systems, commun development, quality assurance, quality imp	nity mobilization, human reso	ources, local organization capacity
HQ Technical Area:			
New/Continuing Activity:	Continuing Activity		
Continuing Activity:	12459		
	11010 11001 11000		

Related Activity: 14918, 14921, 14920

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20248	12459.2024 8.09	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	9001	360.09		\$70,000
12459	12459.07	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	4257	360.07		\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14918	4177.08	6974	360.08		Liverpool VCT and Care	\$200,000
14920	4176.08	6974	360.08		Liverpool VCT and Care	\$2,400,000
14921	4178.08	6974	360.08		Liverpool VCT and Care	\$1,000,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	11	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	225	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	25	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	450	False

Indirect Targets

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS

Coverage Areas	
Eastern	
Nairobi	

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3465.08 Prime Partner: National AIDS & STD Control Program Funding Source: GHCS (State) Budget Code: HVTB

Activity ID: 4126.08

Activity System ID: 14935

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: TB/HIV Program Area Code: 07

Planned Funds: \$1,075,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in CT (#7009), PMTCT (#7006), Palliative Care: Basic Health Care and Support (#7005), ARV Treatment (#7004), Laboratory infrastructure(#7003) and SI (#7002).

2. ACTIVITY DESCRIPTION

The National Leprosy and TB Program (NLTP) under the National STD and AIDS Control Program (NASCOP) is responsible for establishing TB policy and provides overall coordination, implementation and evaluation oversight for all TB/HIV activities in Kenya. NASCOP will support TB/HIV services at approximately 1,400 sites which are otherwise not supported by other Emergency Plan Partners. TB screening will be offered to 7,000 HIV patients and HIV screening to 75,000 TB patients as a standard of care. It is estimated that 37,500 patients will be HIV/TB co-infected. In FY 2008, the Emergency Plan will provide essential support towards the achievement of targets set in the current NLTP Five-Year (2006 -2010) Strategic Plan. National roll-out of collaborative TB/HIV activities is being coordinated by the National TB/HIV Steering Committee (NTHSC) established jointly by the NLTP and NASCOP, both of which previously operated as separate delivery systems. TB services in Kenya have been decentralized to the health center level; drug supplies are consistent, and are provided free to all TB patients attending public and mission health facilities. The NLTP has a well-deserved reputation for widespread coverage, good diagnostic facilities, and for provision of free high-quality TB drugs. In FY 2007, the NLTP will build on gains made in FY 2006 to consolidate and further increase access to integrated TB/HIV services nationwide. In FY 2007, the NLTP will concentrate on getting more eligible TB patients onto ART and intensify, with collaborating partners, TB screening for HIV-infected persons identified in HIV care settings. Apart from Emergency Plan, the NLTP receives complementary funding from several partners including WHO and the Global Fund. OGAC/WHO cooperation will continue to support TB/HIV activities in 15 districts that had previously received inadequate coverage. Kenya has been awarded Round 5 TB funding by the Global Fund to support efforts to control MDR-TB through surveillance and treatment. Emergency funds will be used to support efforts to prevent and manage drug-resistant TB among HIV/TB co-infected patients. Kenya has also applied for Round 6 Global Fund support to strengthen TB diagnostic capacity at dispensary level. In order to decrease the burden of HIV among TB patients, the NLTP will promote diagnostic HIV testing for all TB patients and TB suspects (where feasible) and will provide OI prophylaxis, nutritional and psychosocial support to co-infected patients. In order to decrease the burden of TB in PLWHA, the NLTP will intensify TB screening for affected persons, provide quality TB treatment for those with active disease, TB preventive treatment for those who qualify and intensify TB infection prevention measures in health care facilities and congregate settings, such as prisons. Additional activities will include increased attention to prevention with positives in TB settings, sustained TB/HIV media campaigns and increased private-public partnerships in TB/HIV services. In addition to required PEPFAR TB/HIV indicators, the NLTP will support reporting of the following custom indicators to assist with TB/HIV program management and evaluation: number and percentage of HIV+ patients in care screened for TB, number and percentage of HIV+ registered TB patients, number and percentage of HIV+ TB patients receiving CTX and number and percentage of HIV+ TB patients receiving ART.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will result in strengthened delivery of integrated HIV and TB services, including strengthened referral systems, improved diagnostics and treatment of TB among HIV-positive patients and of HIV in TB patients, strengthened capacity of health workers to provide integrated HIV and TB services and strengthened systems capacity for program monitoring and evaluation and management of commodities.

4. LINKS TO OTHER ACTIVITIES

These activities will be linked with ongoing VCT, PMTCT, STI and ARV treatment services supported by NASCOP and other implementing partners. In addition, the NLTP will work collaboratively with other programs implementing TB/HIV activities among special populations such as the prisons and refugees. The NLTP will lead all partners in the development, formulation and approval of national TB/HIV policy guidelines. For instance, while TB preventive treatment is advocated by the Emergency Plans, the NLTP is proceeding cautiously on IPT given recent reports of potential perverse effects of this intervention. Through CDC's support, the NLTP and all partners now have a new TB/HIV training curriculum.

5. POPULATIONS BEING TARGETED

TB suspects (adults and children) from whom the 154,000 TB patients in 2008 will be drawn. The TB suspects will be seen at various clinical settings - both public and private health facilities at different levels of care ranging from hospitals, health centers, dispensaries, faith-based health facilities, the prisons, private hospitals and others. The other populations targeted are HIV+ persons identified from VCT, PMTCT, STI, and ARV clinics and PLWHA organizations - TB screening will be intensified for all PLWHA.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Diagnostic HIV testing for all TB patients will be on an "opt out" principle. Guidelines on HIV testing based on consent, confidentiality and counseling will be observed as part of standard practice. Increased availability of CT in clinical settings and increased access to HIV-related care for TB patients will help reduce stigma and discrimination.

7. EMPHASIS AREAS

Emphasis areas include policy/guidelines, commodity procurement, development of networks / linkages / referral systems, IEC, infrastructure, local organization capacity development, quality assurance / supportive supervision, infrastructure and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7001

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20223	4126.20223. 09	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	8994	3465.09		\$500,000
7001	4126.07	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	4266	3465.07		\$3,225,000
4126	4126.06	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	3465	3465.06		\$900,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14930	4225.08	6981	3465.08		National AIDS & STD Control Program	\$550,000
14934	4224.08	6981	3465.08		National AIDS & STD Control Program	\$500,000
14936	4787.08	6981	3465.08		National AIDS & STD Control Program	\$700,000
14937	4223.08	6981	3465.08		National AIDS & STD Control Program	\$1,600,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	1,400	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	37,500	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	1,500	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	75,000	False

Indirect Targets

Children (under 5) Boys Children (under 5) Girls Children (5-9) Boys Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men			
Children (under 5) Girls Children (5-9) Boys Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24			
Girls Children (5-9) Boys Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24			
Children (5-9) Boys Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24			
Boys Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24			
Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24			
Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24			
Ages 10-14 Boys Ages 10-14 Girls Ages 15-24			
Boys Ages 10-14 Girls Ages 15-24			
Ages 10-14 Girls Ages 15-24			
Girls Ages 15-24			
Ages 15-24			
Men			
Ages 15-24			
Women			
Adults (25 and over)			
Men			
Adults (25 and over)			
Women			
Other			
People Living with HIV / AIDS			

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	3476.08
Prime Partner:	Kenya Medical Research Institute
Funding Source:	GHCS (State)
Budget Code:	HVTB
Activity ID:	6975.08
Activity System ID:	14905

Mechanism: South Rift Valley USG Agency: Department of Defense Program Area: Palliative Care: TB/HIV Program Area Code: 07 Planned Funds: \$1,200,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY.

The only changes to the program since approval in the 2007 COP are:

+geographic coverage has been expanded to include Kisumu West District in Nyanza Province and Kipkelion District in Rift Valley

+a target population has been expanded to include the general population through TB case finding by piloting House to House TB screening in Kericho, in conjunction with door to door HIV counseling and testing services.

+the TB diagnostic capacity will be expanded to include a TB culture laboratory that will be set up in the region.

1. LIST OF RELATED ACTIVITIES

This activity relates to HIV/AIDS Treatment/ARV services (#), Basic Health Care and Support (#), Counseling and Testing (#6968, #7038), Prevention (#), OVC (#) and PMTCT (#).

2. ACTIVITY DESCRIPTION

The South Rift Valley Program is a broad initiative by the Walter Reed/KEMRI-HIV project in collaboration with the Ministry of Health and Faith-based health care programs within 8 districts (2 new districts added to the previous 6 districts) in the South Rift Valley (SRV) and Nyanza Provinces of Kenya.

The South Rift Valley Program serves a population of approximately 2.7 million people, with a HIV prevalence ranging from 5% to as high as 19%, and a TB prevalence of about 300 per 100,000 population. On average about 30-50% of TB patients are co-infected with HIV.

In FY08 the SRV Program will continue to strengthen and scale up the ongoing FY07 TB/HIV activities in the 8 districts, in the following key areas: 1) Reduce burden of HIV among TB patients/suspects and their partners and families through expanded HIV testing, delivery of Cotrimoxazole (CTX), ARVs and positive HIV prevention in TB settings; 2) Reduce burden of TB among PLWA through intensified TB screening and TB infection control in HIV Care settings; 3) Strengthen collaboration of TB and HIV services including joint planning, coordination and support supervision, monitoring and evaluation, and patient referral and tracking systems; 4) Contribute to the overall national program agenda to strengthen local and international partnerships in delivery of TB/HIV services, and strengthen capacity for quality diagnostic and treatment TB services for PLWA and containment of emerging threat of MDR-TB. Through this concerted effort, in FY08, the SRV program will strive to achieve 95% HIV testing for TB patients, 100% provision of CTX to co-infected patients, and 50% provision of ART to those eligible. In doing so, in FY08, the program will train an additional 40 health workers to provide TB/HIV services in 32 health facilities in the region; provide HIV testing to 4500 TB patients; and offer TB and HIV services in the region will be screened for TB, and those found positive provided with TB treatment.

In FY08, based on successes in implementing a model of an Integrated TB/HIV Clinic in 3 district hospitals in the region, the model will be scaled up and strengthened in all the 8 district hospitals in the region. The model is unique in that TB/HIV co-infected patients are managed by one care provider. In this model, all TB patients are offered HIV testing, recognition and management of STIs and HIV prevention messages. Those with TB/HIV co-infection receive CTX and comprehensive HIV care, support and treatment.

The program will continue to support lower level facilities to provide or link patients to TB/HIV services. The district hospital will continue to be strengthened as the referral unit for TB/HIV patients requiring specialized diagnostic, treatment or in-patient services from the lower level facilities.

To increase TB case finding, House to House TB screening will be piloted in Kericho, in conjunction with HIV testing that will be implemented by the CT program. In an effort to further reduce the prevalence of active TB, support will continue for the contact tracing program that will be initiated in FY07 at Kericho District Hospital.

Working with the National Leprosy and TB Program (NLTP) to ensure sustainability, the program will continue to support improvement of the capacities of the laboratories in TB diagnosis. In close collaboration with the KEMRI/WRP regional laboratory, the Kericho District Hospital lab will continue to offer quality assurance in smear microscopy in the region. The development of a TB culture laboratory, as recognized in national planning (including MOH/NLTP, CDC/O-GAC) on the grounds of the MOH/Kericho District Hospital and in close collaboration with and support from the KEMRI/WRP CRC laboratory will proceed. This facility will be part of the national TB culture laboratory network, and will support TB culture services in the Southern Region of the Rift Valley.

Additionally, the program will continue to support efficient and timely supply of TB drugs to all the TB treatment sites; regular support supervision and technical assistance to all the health facilities offering TB and HIV services; use of standardized national registers and reporting tools; and timely, efficient and accurate data collection, analysis and dissemination.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

KEMRI- SRV will contribute towards the provision of integrated TB/HIV care by reducing TB morbidity and mortality in HIV-infected individuals and reducing HIV-related morbidity and mortality in TB patients. Planned activities will further contribute to the overall national program agenda to strengthen local and international partnerships in delivery of TB/HIV services and containment of emerging threat of MDR-TB.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to KEMRI-SRV ARV services (#6973) throughout the 8 districts; KEMRI-SRV Counseling and Testing (#6968), with a primary focus on provider initiated testing and counseling; Tenwek Mission Hospital's CT activity (#7038); and the SRV PMTCT program (#6967), as part of comprehensive care services offered to HIV infected pregnant women.

5. POPULATION BEING TARGETED

The SRV program supports civilian population in 8 districts in Rift Valley and Nyanza provinces. This activity will target the general population of both adults and children, but primarily those infected with TB or HIV,

Activity Narrative: including discordant couples. Trainings under this activity will focus on health care workers both in the public and private sectors. All TB/HIV activities will be implemented in accordance and in collaboration with host government programs, namely the National AIDS/STI Control Program (NASCOP) and the National Leprosy and TB Program (NLTP).

6. KEY LEGISLATIVE ISSUES ADDRESSED

KEMRI-SRV TB/HIV activity will address increasing gender equity in HIV/AIDS programs, by ensuring that equitable number of women and children are receiving treatment. The activities will address stigma associated with TB/HIV status through information, education and communication materials targeted at health care providers, caregivers, patients and communities.

7. EMPHASIS AREAS

This activity includes emphasis on minor construction/renovation of health facilities to ensure adequate space to offer TB/HIV services; human capacity development including TB/HIV training and empowering the health workers to provide TB/HIV services by supporting necessary commodities; data collection, analysis and dissemination, which will further support program monitoring and evaluation; collaboration with the NLTP program who support commodities for TB diagnosis and treatment; and increasing gender equity in HIV/AIDS programs, by ensuring that equitable number of women and children are receiving treatment, and targeting increased access of services by men.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6975

Related Activity: 14902, 14903, 14904, 14906, 14907, 14908

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6975		Department of Defense	Kenya Medical Research Institute	4249	3476.07	South Rift Valley	\$920,525

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14902	4804.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$2,021,145
14903	8808.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$240,000
14904	6922.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,050,000
14906	12478.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$300,000
14907	4828.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,280,000
14908	6973.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$7,170,714

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- * Retention strategy

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Estimated PEPFAR dollars spent on food

\$20,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	32	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,250	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	40	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	4,500	False

Indirect Targets

General population		
Children (under 5)		
Boys		
Children (under 5)		
Girls		
Children (5-9)		
Boys		
Children (5-9)		
Girls		
Ages 10-14		
Boys		
Ages 10-14		
Girls		
Ages 15-24		
Men		
Ages 15-24		
Women		
Adults (25 and over)		
Men		
Adults (25 and over)		
Women		
Other		
Discordant Couples		
People Living with HIV / AIDS		

Coverage Areas			
Rift Valley			
Nyanza			

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 4914.08 Prime Partner: JHPIEGO

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 9069.08

Activity System ID: 14865

Mechanism: APHIA II - Eastern

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$300,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

The activity will link to APHIA Eastern other activities in CT (#8782), HBHC (#8863), ART (#8792), OP (#8932), OVC (#9041), PMTCT (#8752) and AB (#8725).

2. ACTIVITY DESCRIPTION

In FY 2007 USAID'S APHIA II Eastern project (implemented by JHPIEGO and its Implementing Partners) will provide support to TB control activities with the National Leprosy and Tuberculosis Program (NLTP) and continue to build the capacity of health workers in Ministry of Health (MOH) facilities in Northern region of Eastern Province, to provide for TB and HIV treatment and care services. In FY 2006 JHPIEGO supported the training of 250 health workers in ART across twenty districts in Eastern and Nairobi province, which helped to improve the quality of TB/HIV services in 20 sites. Over FY 2006-2007, APHIA II Eastern supported the training of nearly 400 health workers in provider-initiated HIV testing and counseling (PITC) across 7 districts in Eastern province, which improve the quality of TB/HIV services. JHPIEGO will continue to participate in the MOH's Technical Working Group to ensure coordination of TB and HIV activities and compliance with MOH guidelines. APHIA II Eastern will increase the number of providers and sites that can offer effective TB care, which will in turn increase the number of individuals provided with HIV and TB services, as well as the number of HIV infected clients given TB preventive therapy. This activity seeks to provide TB treatment to 2,000 HIV infected clients and/or treatment for TB for HIV infected individuals to 20.

Intensified TB screening for 7500 HIV patients and HIV screening for 2000 TB suspects/patients will be offered as a standard of care in all the facilities; approximately 1000 TB patients will be identified as being infected with both TB and HIV. The activity will support training of HIV and TB care staffs on routine diagnostic testing and counseling of TB suspects and cases using the NLTP/NASCOP curriculum, provide additional staff as required, screen HIV cases for TB, upgrade laboratories with additional equipment, and renovate laboratory space, as necessary. CTX prophylaxis will be introduced for all HIV infected TB cases and referrals for ART made to all CCCs. Planning, monitoring and supervisory mechanisms for collaborative activities will be strengthened at provincial, district and community levels. The capacity of select HIV/AIDS CBOs and local NGOs will be increased to integrate TB into their on-going HIV/AIDS activities. Low literacy materials on TB/HIV will be reproduced and supplied. The private providers will be trained and linked to the public HIV/AIDS and TB programs.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA This APHIA II

Eastern TB/HIV care activity will provide clinical prophylaxis and treatment for TB to 2,000 people and train 500 health workers in TB/HIV related activities in 20 health care facilities in Eastern Province. It also contributes to Kenya's 5-year strategy emphases of developing effective linkages between prevention, care and treatment services within an integrated network.

4. LINKS TO OTHER ACTIVITIES

The activity will link to APHIA Eastern other activities in CT (#8782), HBHC (#8863), ART (#8792), OP (#8932), OVC(#9041), PMTCT (#8752) and AB (#8725) that all seek to provide comprehensive district based services coordinated at the provincial level. This partner will also work closely with CDC supported partners in the Southern region of Eastern Province.

5. POPULATIONS BEING TARGETED

This activity targets people living with HIV/AIDS, including infants and children. It also targets other MOH staff including program managers in the NASCOP, and public health care doctors and nurses.

6. KEY LEGISLATIVE ISSUES ADDRESSED This activity will help to reduce stigma and discrimination.

7. EMPHASIS AREAS

This activity includes major emphasis on training and minor emphasis on development of network/linkages/referral systems. APHIA II Eastern with these additional Plus Up funds will intensify provider-driven DCT in health care settings seeking to enhance testing in TB diagnostic centres that currently do not provide ART services. These facilities are largely health centres and dispensaries that offer TB diagnostic services but are not providing ART. HIV positive patients identified via these activities will be referred to nearby treatment sites. This will complement the current DCT program that has intensified testing in facilities where both TB and ART services are provided.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9069

Related Activity: 14864, 14866, 14867, 14868

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20607	9069.20607. 09	U.S. Agency for International Development	JHPIEGO	9088	4914.09	APHIA II - Eastern	\$300,000
9069	9069.07	U.S. Agency for International Development	JHPIEGO	4914	4914.07	APHIA II - Eastern	\$220,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14864	8863.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$700,000
14866	9041.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$5,500,000
14867	8782.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,200,000
14868	8792.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,700,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

* ТВ

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	20	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,000	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	2,000	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	500	False

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS
Coverage Areas

Eastern

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 210.08 Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State) Budget Code: HVTB Activity ID: 4090.08 Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: TB/HIV Program Area Code: 07 Planned Funds: \$589,786 Activity System ID: 14879

Activity Narrative: THIS IS AN ONGOING ACTIVITY.

The narrative is essentially unchanged except for updated references to targets, budgets, new initiatives in TB infection control in HIV care settings, specific support to TB laboratory services and new activities on TB preventive treatment for PLWHA.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in CT (#6941), Palliative Care (#6942), ARV Treatment (#6945), and PMTCT (#6949)

2. ACTIVITY DESCRIPTION

KEMRI will support TB/HIV services for approximately 30,000 patients at 71 sites in Nairobi and Nyanza Provinces. TB screening for 15,000 HIV patients and HIV screening for 8,000 TB suspects/patients will be offered as a standard of care in all the facilities; approximately 4,000 patients will be identified as being infected with both TB and HIV. In FY 2008, Kenya Medical Research Institute (KEMRI) will expand collaborative TB/HIV activities in Nyanza Province, an area that is projected to register 25,000 new TB patients. All 12 districts in Nyanza Province will be supported to continue expansion of TB/HIV collaborative activities, including HIV testing of TB suspects (reaching >95% of all TB cases) and monitoring and treatment of HIV in TB clinics (reaching 100% of TB patients with cotrimoxazole and 50% of those eligible with ART). PEPFAR funds will support provincial and district TB/HIV stakeholders meetings, train workers in and implement enhanced TB screening, diagnosis, treatment, and referral, coordinated delivery of integrated HIV and TB services through the expansion and strengthening of technical supportive supervisions, and develop and print IEC materials. Mechanisms of referral to TB clinics and back-referral to HIV care settings, and referral tracking, will be emphasized, and treatment and recording and reporting, including the implementation and evaluation of an electronic TB monitoring and evaluation system will be implemented. Funds will be used to pilot program level IPT in selected districts in Nyanza Province. IPT will be considered for HIV+ persons (both children and adults) for whom active TB disease has been ruled out. Funds will also be used to assist the MOH to implement infection control practices to prevent TB transmission of TB to PLWHA and health care providers in selected health facilities. Funds will also be used to supplement the capacity of a KEMRI/CDC TB laboratory in Kisumu with potential for becoming a western Kenya regional reference laboratory. In order to improve and expand manpower base for TB laboratory services, Emergency Funds will also be used to hire laboratory technologists to supplement similar support from the Global Fund. The Kenya HIV Prevention Summit 2007 underscored the importance of "Turning off the Tap" and prevention with positives (PWPs) activities in TB settings will be a priority for KEMRI in FY 08. The EP will support prevention within discordant couples through support services, training, and condom provision. In addition, communication and education efforts will increase knowledge about HIV discordance within TB settings and strategies to decrease HIV transmission. KEMRI will collaborate closely with other programs to ensure that HIV-infected children are considered in all TB/HIV policies and programs, including IPT for HIV-infected children whose parents have active TB.

KEMRI is also supporting TB/HIV services in Kodiaga and Kibos prisons, and will expand services to prisons in Siaya, Homa Bay and Kisii, including intensified TB case detection. In collaboration with the Kenya Association for Prevention of TB and Lung Disease (KAPTLD), KEMRI will support good clinical and laboratory practice in 10 private clinics. Activities will focus on capacity building, provision of equipment, minor renovation, and procurement of supplies including cotrimoxazole (CTX), HIV test kits and laboratory reagents. In addition 5 laboratory technicians will be recruited to improve access to AFB microscopy and investigations for HIV care. In FY 08, TB/HIV activities will be coordinated by KEMRI through partnership with the National Leprosy and Tuberculosis Program (NLTP), Nairobi City Council (NCC) and the USG agencies. In both Nyanza and Nairobi, the funds requested for will be used for testing TB suspects and patients for HIV, screening for TB among HIV+ persons, providing HIV+ TB patients with referral and CTX/ART, risk reduction counseling and psycho-social support, training of health workers to deliver TB/HIV services, supporting infrastructural development, supporting supply of HIV test kits and medicines for TB prevention and other opportunistic infections and improving referral linkages. To improve community participation in DOTs delivery, 700 community health workers (CHWs) from Migori and Rachuonyo Districts will be trained. In addition, supervision of the already trained 1,460 CHWs will be strengthened through recruitment of a coordinator. Motivation of the trained community health volunteers will be maintained through regular meetings, refresher trainings, exchange visits and non-monetary incentives. In order to improve supervision of TB/HIV work, 3 motor bikes will be provided. All sites delivering collaborative TB/HIV services will use a standard TB/HIV data collection tool developed by the NLTP.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will result in strengthened delivery of integrated TB/HIV services, including strengthened referral systems, improved diagnostics and treatment of TB among HIV-positive patients and of HIV in TB patients, strengthened capacity of health workers to provide integrated TB/HIV services and strengthened systems capacity for program monitoring and evaluation and management of commodities. There will be a special focus on screening for TB in at least 50% of the HIV-infected patients from the PSC/CCC and medical in-patient wards. The proportion of HIV-positive TB patients on ARVs will be increased from 30% to 50% with 100% CTX coverage. Quality of laboratory services will be improved through a laboratory renovation in Kisumu to create a regional reference culture/DST laboratory, recruitment of laboratory technologists and other staff, AFBs microscopy training and improved supervision.

4. LINKS TO OTHER ACTIVITIES

These activities will be linked to ongoing CT (#6941), Palliative Care (#6942), ARV Treatment (#6945), and PMTCT (#6949) activities in Nyanza and Nairobi Provinces including linkages with the private sector and prisons.

5. POPULATIONS BEING TARGETED

TB suspects (adults and children), TB patients, HIV+ persons identified from PSC/CCC/medical inpatient wards, and PLWHA organizations - deliberate action will be taken to intensify TB screening and TB case finding among PLWHA.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Provider-initiated HIV testing for all TB patients will be given on an "opt out" principle. Guidelines on HIV testing based on consent, confidentiality and counseling will be observed as part of standard practice.

Activity Narrative: Increased availability of CT in clinical settings and increased access to HIV-related care for TB patients will help reduce stigma and discrimination.

7. EMPHASIS AREAS TB screening, DTC, commodity procurement, quality assurance, community mobilization, infrastructure, targeted evaluation, network/linkages/ referral systems, treatment for latent TB infection, infection control, laboratory strengthening, and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6944

Related Activity: 14875, 14878, 14880, 14882

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20632	4090.20632. 09	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	9095	210.09		\$1,300,000
6944	4090.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	4246	210.07		\$1,950,000
4090	4090.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3201	210.06		\$424,744

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14875	4095.08	6964	210.08		Kenya Medical Research Institute	\$1,578,138
14878	4088.08	6964	210.08		Kenya Medical Research Institute	\$252,844
14880	4087.08	6964	210.08		Kenya Medical Research Institute	\$3,300,000
14882	4091.08	6964	210.08		Kenya Medical Research Institute	\$2,879,695

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	71	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,500	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	200	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	4,000	False

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Pregnant women
People Living with HIV / AIDS

Coverage Areas

Nyanza

Nairobi

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 1246.08

Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State) Budget Code: HVTB

Activity ID: 4256.08

Activity System ID: 14888

Mechanism: Uniformed Services Project

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$300,000

+ The only change to the program since approval in the 2007 COP is that geographic coverage has been expanded to include integrated HIV/TB services to additional 9 prisons.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in CT (#6950), Palliative Care: Basic Health Care and Support (#6956) and ARV Treatment (#6954) and PMTCT (#6953).

2. ACTIVITY DESCRIPTION The Uniformed Services Project will support TB/HIV services in prisons. Activities include TB screening for 750 HIV patients and HIV screening for 5,000 TB suspects/patients will be offered as a standard of care in all the facilities; approximately 2500 patients will be identified as being infected with both TB and HIV. TB and AIDS are the leading causes of deaths in overcrowded Kenyan prisons, the majority of which remain underserved. Failure to contain TB and HIV in the prisons is failure to contain TB and HIV in the civilian population from which the prisoners come and to which they are released. Controlling TB/HIV in the prisons is one of the priorities of the Government of Kenya and constitutes a multifaceted reform agenda being implemented to decongest and improve prison living conditions. In partnership with the National Leprosy and TB Program (NLTP) and Kenya Prisons Services (KPS), CDC's Uniformed Services Program (USP) will coordinate a phased support for collaborative TB/HIV services in the prisons. This activity will leverage additional support through partnerships with other programs and with other donor agencies, such as WHO and the Futures Group.

In order to achieve a more efficient and coordinated response, the USP channeled FY 2007 funding for prison TB/HIV activities through the KEMRI/CDC cooperative agreement (CoAg). In FY 2007, USG supported KPS and the NLTP to develop a new medical tool for screening new inmates for TB, HIV and other medical conditions. This tool will be used to monitor the scope and trend of diseases new inmates come with or acquire during their incarceration. FY 2008 activities will focus on additional investment in prisons' TB/HIV infrastructure and HR capacity. These efforts, which also support ART services in selected prisons, will be strengthened and expanded through partnerships with other programs. Positive prevention activities will be initiated and expanded at selected prison sites. The key TB/HIV activities that target the inmates, prison staff and host communities alike include: expanded HIV testing of TB patients/ suspects for HIV, screening HIV-infected persons for TB, ensuring that symptomatic patients access TB diagnostic services, and those with confirmed disease receive TB treatment and are reported to the NLTP, providing HIV-infected TB patients with additional care (cotrimoxazole, ART), risk reduction counseling and psychosocial support, training of prison health workers to build capacity to deliver TB/HIV services, and supporting infrastructure and supply of HIV test kits and medicines. In addition, activities in TB infection control will be initiated in FY08. Additional activities will include production and distribution of TB screening protocols and ICF tools for the prisons, support for essential staff and supply of additional 5 X-ray units and 20 microscopes to enhance TB diagnostic capacity in prisons not catered for previously.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will result in strengthened capacity to deliver integrated HIV and TB services in the Kenya prisons, including strengthened referral systems, improved diagnostics and treatment of TB among HIV-positive patients and of HIV in TB patients, strengthened capacity of health workers to provide integrated HIV and TB services and strengthened systems capacity for program monitoring and evaluation and management of commodities.

4. LINKS TO OTHER ACTIVITIES

These TB/HIV activities will be linked to ongoing VCT, PMTCT, STI and ARV treatment services in some prisons and will be mainstreamed into the national network of services coordinated by the NLTP and NASCOP (#7001)) and supported by KEMRI (#6944), Kenya Prisons Services, PLWHA organizations and other partners.

5. POPULATIONS BEING TARGETED

TB suspects and PLWHA among all prisoners, prison staff and host communities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Diagnostic HIV testing for all TB patients will be on an "opt out" principle. Guidelines on HIV testing based on consent, confidentiality and counseling will be observed as part of standard practice. Increased availability of CT in the prisons and increased access to HIV care for TB patients will help reduce stigma and discrimination. This program serves the needs and rights of prisoners as a special risk population

7. EMPHASIS AREAS

Emphasis areas include commodity procurement, development of network/linkages/referral systems, IEC, infrastructure, local organization capacity development, quality assurance, supportive supervision, and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6951

Related Activity: 14886, 14887, 14889, 14767, 14891

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6951	4256.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	4247	1246.07	Uniformed Services Project	\$600,000
4256	4256.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3263	1246.06	Uniformed Services Project	\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14886	4258.08	6965	1246.08	Uniformed Services Project	Kenya Medical Research Institute	\$25,000
14887	5110.08	6965	1246.08	Uniformed Services Project	Kenya Medical Research Institute	\$75,000
14767	4170.08	6941	348.08		Community Housing Foundation	\$1,800,000
14889	4259.08	6965	1246.08	Uniformed Services Project	Kenya Medical Research Institute	\$100,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	9	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,500	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	50	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	5,000	False

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Special populations	
Most at risk populations	
Incarcerated Populations	
Other	
People Living with HIV / AIDS	

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 1244.08 Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State) Budget Code: HVTB Activity ID: 4253.08 Activity System ID: 14896 Mechanism: Kenya Department of Defense USG Agency: Department of Defense Program Area: Palliative Care: TB/HIV Program Area Code: 07 Planned Funds: \$200,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS

The only changes to the program since approval in the 2007 COP are: +other (NON-SUBSTANTIVE CHANGE): implementation of TB contact tracing through door to door sputum testing

1. LIST OF RELATED ACTIVITIES:

This activity is related to activities in Counseling and Testing (#6957), Prevention of Mother-to-Child Transmission (#6959), Palliative Care: Basic Health Care and Support (#6960) and ARV Services (#6958).

2. ACTIVITY DESCRIPTION

The Kenya Department of Defense (KDOD) will continue to intensify the diagnosis, care and treatment of military patients with co-infections of TB and HIV (TB/HIV) by promoting screening activities of all HIV infected patients for TB as well as ensuring all TB infected patients are offered HIV testing, STI screening, HIV prevention messages including condom distribution. Those found to be co-infected will be given anti-TB, Cotrimoxazole prophylaxis treatment (CPT) and ART as per the Kenya's National Leprosy and Tuberculosis Program (NLTP) guidelines. Through this concerted effort, in FY08, the program will provide HIV testing to 300 TB patients; and offer TB and HIV services to 150 TB/HIV co-infected patients. Additionally, 1,750 patients accessing HIV services in the region will be screened for TB, and those found positive provided with TB treatment. The program will intensify efforts of contact tracing by conducting door to door sputum testing of TB contacts. This will lead to more cases being identified and appropriate care being given in a timely manner. In order to achieve this, KDOD intends to continue improving the laboratory capacity for TB/HIV and improving capacity of the health personnel through training in management of TB/HIV. Refresher training for integrated TB/HIV activities for KDOD health professionals will be undertaken by training of additional 36 health workers on TB and DTC using NASCOP/NLTP curriculum to support the expected increased workload. TB/HIV services will continue to be supported in the 8 care and treatment centers in Armed Forces Memorial Hospital (AFMH), Moi Air Base in Nairobi, Mombasa, Nanyuki, Nakuru, Gilgil, Eldoret and Thika. In FY2007, funds were used to develop an integrated TB/HIV clinic within the AFMH with marked success. In FY 2008, funds will be used to replicate the integrated clinic in the other 7 treatment centers so as to facilitate effective care of TB/HIV co-infected patients. KDOD will also continue extending TB/HIV services to the neighboring civil population. AFMH remains the referral for all patients requiring specialized diagnosis, treatment and in-patient care including patients suspected to have failed treatment. In FY 2008, efforts to improve the capacity in the laboratory at AFMH to perform QA in smear microscopy (florescent microscopy) will be continued. In line with the national guidelines, the AFMH lab will continue to send samples to the National reference laboratory for TB cultures, drug sensitivity and resistance testing. In line with National guidelines, the program will continue to ensure efficient and timely supply of TB drugs to all treatment sites while maintaining regular supervision of all TB/HIV treatment activities. Strengthening of community based adherence/follow up of patients in this program will be promoted through telephone tracking of defaulters and the use of social workers. TB laboratories in the military will continue to serve civilian patients and will be contingency for the district and provincial hospitals in the regions in which they are located (that is the population in the Kenyan administrative location within which the military treatment and care centres are located). In terms of reporting for TB, the KDOD is recognized as Kenyan Province equivalent. This recognition by the NLTP will be exploited to ensure that the KDOD tuberculosis program is developed further under the President's Emergency Plan.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Activities in this program area will contribute to the results of expansion of ART for clinically qualified HIV infected patients. This activity will also care for those who have TB/HIV co-infection as well, thus improving the level of care offered to the patients in KDOD. Human capacity to deliver TB/HIV treatment will be strengthened as well as the referral network for provision of ART and TB/HIV care. Effort will be made to ensure that all patients in KDOD and in the neighborhood of military barracks who deserve care in the area of TB/HIV access this care.

4. LINKS TO OTHER ACTIVITIES

This activity is part of a comprehensive program and is linked to other KDOD HIV care and treatment activities in the area of Counseling and Testing (#6957), Prevention of Mother-to-Child Transmission (#6959), Palliative Care: Basic Health Care and Support (#6960) and ARV Services (#6958). Linkages between KDOD CT and Diagnostic Counseling and Testing (DTC) centers and care outlets will be harmonized and strengthened to improve utilization of care opportunities in the nearest KDOD health facility created through PEFAR funding. The KDOD will seek closer collaboration between the various services with a view to sharing the facilities.

5. POPULATIONS BEING TARGETED

This activity targets military personnel, their families and members of the general population in the immediate neighborhoods around the military facilities. The KDOD young men and women often serve away from their homes, thus being vulnerable to risky behaviors thus exposing them to HIV and TB. The stations have significant numbers of young families and continue to be popular heath service delivery points for the surrounding communities benefiting from TB/HIV services. The 8 sites will include improved laboratory services for handling TB/HIV, thus helping support staff, families and community members.

6. KEY LEGISLATIVE ISSUES

KDOD TB/HIV program will increase gender equity in HIV programming by ensuring that equitable numbers of women including children are receiving treatment. The activities will address stigma associated with TB/HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities while addressing male norms and behaviors.

7. EMPHASIS AREAS

This activity includes emphasis on human capacity development including training and empowering the health workers to provide basic health care and support services by supporting necessary commodities; data collection, analysis and dissemination, which will further support program monitoring and evaluation; and increasing gender equity in HIV/AIDS programs, by ensuring that equitable number of women and children are receiving treatment, and targeting increased access of services by men.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6961

Related Activity: 14895, 14898, 14899, 14900

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20591	4253.20591. 09	Department of Defense	Henry M. Jackson Foundation Medical Research International, Inc.	9086	1244.09	Kenya Department of Defense	\$200,000
6961	4253.07	Department of Defense	Kenya Medical Research Institute	4248	1244.07	Kenya Department of Defense	\$104,475
4253	4253.06	Department of Defense	Kenya Medical Research Institute	3262	1244.06	Kenya Department of Defense	\$155,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14895	4252.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$100,000
14898	4249.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$120,000
14899	4250.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$1,150,000
14900	4825.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$300,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	8	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	150	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	36	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	300	False

Indirect Targets

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Special populations	
Most at risk populations	
Military Populations	
Other	
Civilian Populations (only if the activity is DOD)	
People Living with HIV / AIDS	

Coverage Areas

Coast

Nairobi

Rift Valley

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 287.08 Prime Partner: University of Manitoba

Funding Source: GHCS (State)

Budget Code: HVTB

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Activity System ID: 15026

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1.LIST OF RELATED ACTIVITIES

This activity relates to activities in HVCT (#), HBHC and HTXS (#).

2.ACTIVITY DESCRIPTION

University of Manitoba will support TB/HIV services at 3 sites in Nairobi Province. Intensified TB screening and treatment for 1500 HIV patients and HIV screening for 200 TB suspects/patients will be offered as a standard of care in all the facilities; approximately 100 patients will be identified as being infected with both TB and HIV. Funds will support refresher training of laboratory staff and improvement of basic laboratory microbiology capacity in order to meet the increased needs for TB testing. 10 health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals. Fund will support expanded and strengthened delivery of integrated HIV and TB services including strengthened referral systems. Additional activities will include community mobilization and dissemination of educational materials to patients. University of Manitoba will maintain data concerning the numbers of people served and will report both nationally and through the Emergency Plan. University of Manitoba has an extensive history of work in Kenya with vulnerable populations including sex workers and a long standing research collaboration with the University of Nairobi with a primary focus on evaluation of risk factors for maternal to child transmission of HIV. Since 1986, they have been the main provider of health care and counseling for over 1700 mothers and their families. This long-term association has nurtured and created a very trusting environment for patients to visit. Prior to the availability of Emergency Plan funds, it had not been possible to provide antiretroviral treatment to the women and children in this cohort because of lack of resources. University of Manitoba also has a long-standing relationship with a cohort of commercial sex workers and former commercial sex workers in the Majengo area of Nairobi. Extensive community-based services have already been established that involve peers as educators and a setting that allows this very vulnerable population to receive health services that they would otherwise be unable to access. These activities will capitalize on the HIV care expertise among the University of Manitoba staff.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute towards the provision of integrated HIV/TB services for dually infected patients care by reducing TB morbidity and mortality in HIV-infected individuals and also reducing HIV related morbidity and mortality in TB patients co-infected with HIV. These activities will strengthen referral systems, improve diagnostics and treatment of TB among HIV-positive patients and strengthen capacity of health workers to provide integrated HIV and TB services.

4. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to Palliative Care (#7093), ARV Services (#7094) currently supported by this partner, PMTCT services at PMH provided by University of Nairobi (#7097) and to services provided at Kenyatta Hospital, a network center through University of Nairobi as well as HIV/TB services supported by NLTP.

5. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. Public health care providers, including doctors, nurses, pharmacists, laboratory workers will receive training in the diagnosis and management of TB using government guidelines.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, development of networks/linkages/referral systems, community mobilization, human resources, local organization capacity development, quality assurance, quality improvement and supportive supervision, and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12456

Related Activity: 15025, 15027

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20025	12456.2002 5.09	HHS/Centers for Disease Control & Prevention	University of Manitoba	8947	287.09		\$75,000
12456	12456.07	HHS/Centers for Disease Control & Prevention	University of Manitoba	4297	287.07		\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15025	4135.08	7013	287.08		University of Manitoba	\$100,000
15027	4136.08	7013	287.08		University of Manitoba	\$800,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	3	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	100	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	10	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	200	False

Indirect Targets

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Special populations	
Most at risk populations	
Persons in Prostitution	
Other	
People Living with HIV / AIDS	

Coverage Areas

Nairobi

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 288.08 Prime Partner: University of California at San Francisco Funding Source: GHCS (State) Budget Code: HVTB Activity ID: 9054.08

Activity System ID: 15022

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: TB/HIV Program Area Code: 07 Planned Funds: \$400,214 Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care (#), ARV Services (#), Counseling and Testing (#) and PMTCT (#).

2. ACTIVITY DESCRIPTION

University of California at San Francisco (UCSF) will support TB/HIV services at 97 sites in Nairobi and Nyanza Provinces. TB screening for 12,000 HIV patients and HIV screening for 1,600 TB suspects/patients will be offered as a standard of care in all the facilities; approximately 800 patients will be identified as being infected with both TB and HIV. Funds will support refresher training of laboratory staff and improvement of basic laboratory microbiology capacity in order to meet the increased needs for TB testing. 25 health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals. Additional activities will include community mobilization and dissemination of educational materials to patients. UCSF will maintain data concerning the numbers of people served and will report both nationally and through the Emergency Plan. Because of the geographic foci of the HIV epidemic in the United States, UCSF has vast experience providing HIV care and has long been recognized as one of the premier institutions providing HIV care in the US. The faculty of UCSF also has extensive experience developing training materials and implementing HIV treatment programs in resource limited settings, including Kenya. UCSF has a long-standing research presence in Kenya whose activities will capitalize on their technical expertise in treatment.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute towards the provision of integrated HIV/TB services for dually infected patients care by reducing TB morbidity and mortality in HIV-infected individuals and also reducing HIV related morbidity and mortality in TB patients co-infected with HIV. These activities will strengthen referral systems, improve diagnostics and treatment of TB among HIV-positive patients and strengthen capacity of health workers to provide integrated HIV and TB service.

4. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to Palliative Care (#), ARV Services (#) currently supported by this partner, Counseling and Testing provided by KEMRI (#) and IMC (#), and PMTCT services (#).

5. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. Public health care providers, including doctors, nurses, pharmacists, laboratory workers will receive training in the diagnosis and management of TB using government guidelines.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, development of networks/linkages/referral systems, community mobilization, human resources, local organization capacity development, quality assurance, quality improvement and supportive supervision, and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9054

Related Activity: 15021, 15023

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20012	9054.20012. 09	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	8946	288.09		\$550,000
9054	9054.07	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	4295	288.07		\$175,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15021	4137.08	7011	288.08		University of California at San Francisco	\$797,156
15023	4138.08	7011	288.08		University of California at San Francisco	\$4,930,305

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	97	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,000	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	55	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	2,000	False

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS

Coverage Areas			
Nairobi			
Nyanza			

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 483.08 Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 8830.08

Activity System ID: 15037

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: TB/HIV Program Area Code: 07

Planned Funds: \$80,000

Activity Narrative:	THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.
	1. LIST OF RELATED ACTIVITIES This activity relates to activities in Palliative care (#7099) and ARV Services (#7100, #7004).
	2. ACTIVITY DESCRIPTION The University of Washington (UW) will expand a long-standing research collaboration with the University of Nairobi in the support of TB/HIV services at 3 delivery sites within Kenya. UW will offer TB screening to 6,000 HIV-infected patients and HIV testing for 500 TB patients; approximately 250 will be diagnosed with TB/HIV. UW will support treatment services at Coptic Hospital, a faith-based facility in Nairobi that provides services to both the general population and to individuals identified through research programs at the University of Nairobi. In addition, UW will support treatment services to two "daughter" clinics (clinics supported by the Coptic Church at facilities in Nyanza Province and in the industrial area of Nairobi). Funds will be used to support improved screening and diagnosis. Refresher training of laboratory staff will be initiated and basic laboratory microbiology capacity improved in order to meet the increased needs of TB testing. 10 health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV- infected individuals.
	3. CONTRIBUTIONS TO OVERALL PROGRAM AREA These activities will contribute towards the provision of integrated TB/HIV care by reducing TB morbidity and mortality in HIV-infected individuals and also reducing HIV related morbidity and mortality in TB patients co-infected with HIV. These activities will strengthen referral systems, improve diagnostics and treatment of TB among HIV-positive patients, and strengthen capacity of health workers to provide integrated HIV and TB services.

4. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to Palliative care and ARV services currently supported by UW, and ART services coordinated by and supported through the National AIDS and STD Control Program (NASCOP).

5. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. Public health care providers, including doctors, nurses, pharmacists, laboratory workers will receive training in the diagnosis and management of TB using government guidelines.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, human resources, development of networks/linkages/referral systems, local organization capacity development, quality assurance, quality improvement and supportive supervision, and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8830

Related Activity: 15036, 15039

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19971	8830.19971. 09	HHS/Centers for Disease Control & Prevention	University of Washington	8935	483.09		\$80,000
8830	8830.07	HHS/Centers for Disease Control & Prevention	University of Washington	4301	483.07		\$75,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15036	4231.08	7020	483.08		University of Washington	\$300,000
15039	4232.08	7020	483.08		University of Washington	\$3,100,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	3	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	250	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	10	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	500	False

Indirect Targets

Conoral population		
General population		
Children (under 5)		
Boys		
Children (under 5)		
Girls		
Children (5-9)		
Boys		
Children (5-9)		
Girls		
Ages 10-14		
Boys		
Ages 10-14		
Girls		
Ages 15-24		
Men		
Ages 15-24		
Women		
Adults (25 and over)		
Men		
Adults (25 and over)		
Women		
Other		
Pregnant women		
Discordant Couples		
People Living with HIV / AIDS		
Coverage Areas		

Coverage Areas

Nairobi

Nyanza

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 217.08 Prime Partner: University of Nairobi Funding Source: GHCS (State) Budget Code: HVTB Activity ID: 9057.08

Activity System ID: 15031

Mechanism: Department of Pediatrics USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: TB/HIV Program Area Code: 07 Planned Funds: \$150,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1.LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services (#7095) and Palliative Care (#7096).

2.ACTIVITY DESCRIPTION

The University of Nairobi Department of Pediatrics (UNBO) will support TB/HIV services for patients at the Kenyatta National Referral Hospital (KNH) and two additional sites in Nairobi. UNBO will offer TB screening to 5000 HIV infected patients and HIV screening for 1500 TB patients; approximately 750 will be diagnosed with TB/HIV. Funds will be used to support improved TB screening and diagnosis using sputum smear microscopy and, if indicated, sputum culture and chest x-rays. Refresher training of laboratory staff will be initiated and basic laboratory microbiology capacity improved in order to meet the increased needs of TB testing. 20 health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals.

3.CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute towards the provision of integrated HIV/TB care by reducing TB morbidity and mortality in HIV-infected individuals and also reducing HIV related morbidity and mortality in TB patients co-infected with HIV. These activities will strengthen referral systems, improve diagnostics and treatment of TB among HIV-positive patients, and strengthen capacity of health workers to provide integrated HIV and TB services.

4.LINKS TO OTHER ACTIVITIES

The overall program activity links closely to Palliative care and ARV services currently supported by UNBO, and ART services coordinated by and supported through the National AIDS and STD Control Program (#7004).

5. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS and TB suspects. Public health care providers, including doctors, nurses, pharmacists, laboratory workers will receive training in the diagnosis and management of TB using government guidelines.

6.KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, development of networks/linkages/referral systems, local organization capacity development, quality assurance, quality improvement and supportive supervision, and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9057

Related Activity: 15030, 15032

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19980	9057.19980. 09	HHS/Centers for Disease Control & Prevention	University of Nairobi	8939	217.09	Department of Pediatrics	\$150,000
9057	9057.07	HHS/Centers for Disease Control & Prevention	University of Nairobi	4298	217.07	Department of Pediatrics	\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15030	4925.08	7016	217.08	Department of Pediatrics	University of Nairobi	\$250,000
15032	4104.08	7016	217.08	Department of Pediatrics	University of Nairobi	\$2,300,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	3	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	750	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	20	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	1,500	False

Indirect Targets

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS

Coverage Areas

Nairobi

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 569.08

Prime Partner: Program for Appropriate Technology in Health

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 4237.08

Activity System ID: 14991

Mechanism: TB Country Support/ TASC 2

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$0

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are

+ Prime partner PATH has been competitively selected to implement the activity thru a Washington issued task order named "TB Task Order 2 (PATH)" a change from the previous mechanism TASC 2 TB. +Geographic coverage has been revised (or expanded) to include 15 additional districts to make a total of 30 PATH supported districts on TB/HIV activities.

+ PATH will focus a lot more on training, technical assistance and supportive supervision to the Assistant District TB and Leprosy Coordinators (ADTLCs) who support TB and HIV collaborative services at the district level moving away from salary support for this workers. The salary support is anticipated to come through the Capacity Project.

(Since PATH works in areas already covered by APHIAs who are reporting on TB/HIV activities the number of persons treated will not be reported by PATH to minimize the risk of double-counting).

1.LIST OF RELATED ACTIVITIES

This activity is related to activity #7001 in the TB/HIV program area.

2.ACTIVITY DESCRIPTION

The Program for Appropriate Technology in Health [PATH] is a non-profit organization working in close collaboration with the National Leprosy and TB Program [NLTP] of the Government of Kenya to scale up TB/HIV collaborative activities to increase detection, care, and treatment of HIV-infected individuals by increasing the number of people with TB who are tested for HIV and linked to care. PATH partners with the NLTP, KAPTLD, KNCV and WHO in the implementation of these activities. In the year 2005-2006, PATH supported Assistant DTLCs in 10 priority districts to implement TB/HIV collaborative activities. The districts PATH currently supports include Kwale, Kilifi, Mombasa, Nyeri, Kiambu, Thika, Nakuru, Kericho, Nandi South and Uasin Gishu. PATH has also facilitated joint TB/HIV planning workshops in Rift Valley and Coast Provinces involving DTLCs, Assistant DTLCs, DASCOs, PMLTs, PASCOs and PTLCs, with another planned for Central Province. The activities PATH will undertake in the FY 2007 COP period include strengthening the human resource capacity by training health providers from both public and private institutions in TB/HIV collaborative activities hence expanding these services to more outlets. PATH will facilitate the orientation of health workers in ACSM strategy so that they can be adequately involved in sourcing for more support and resources towards reducing the burden of TB in HIV patients. PATH will also facilitate Nairobi University and Medical Training College [MTC] to set up or strengthen the existing resource centers to provide greater accessibility to reference materials on TB/HIV for stakeholders. PATH will support 15 additional Assistant DTLC to cover a total of 30 PATH-supported districts in the year 2007-2008, to be posted to areas that will be decided on in collaboration with NLTP. PATH will scale up TB/HIV integrated activities in the 30 priority districts, increasing the number of TB patients receiving DTC for HIV and initiating care. Routine monitoring and evaluation of TB/HIV management in the supported districts will be strengthened by PATH in close collaboration with NLTP and other stakeholders by supporting the use of supervisory and on-job mentoring, setting up email and fax system at the provincial and district level so that standardized and quality supervision with technical assistance is realized at all levels with timely delivering of data to the right stakeholders. PATH will expand collaborative services through outreach to pharmacies, private clinics and other health providers, facilitating monthly supervision and TB/HIV collaborative meetings at different levels so that there is increased number of referrals to facilities with TB and HIV testing and care, giving regular technical assistance to all facilities, documenting lessons learned and correcting slow progress. PATH will stimulate community level demand for HIV testing and TB diagnosis in the 30 priority districts and nationally by facilitating the development of job aids to be used by health workers both in private and public institutions to scale-up awareness on TB/HIV co-infection. The existing magnet theatres will be strengthened in addition to the development of radio spots. PATH will also facilitate peer education on TB/HIV co-infection in these districts. All these will lead to improved knowledge of the community on the two diseases resulting in the increase of care seeking behavior and referral of TB and HIV to care giving centers. PATH will facilitate the printing and distribution of surveillance and monitoring tools, directories and technical guidelines so that TB/HIV Coordinators are well equipped to engage facilities in data management and referral of TB and HIV patients. PATH in collaboration with NLTP will strengthen the laboratories and improve the general quality of TB/HIV diagnostic capability in both private and public institutions by training/updating these providers on diagnostic skills, facilitating the PMLTS and DMLTS to carry out on-site visits and technical assistance to the laboratory personnel, strengthening the co-operation and coordination between laboratory, NLTP and NASCOP; and procurement and replacement of microscope and microscope parts based on the existing scheme or guidelines. By September 2008, PATH estimates that as a result of PATH efforts, 10,000 HIV-infected people attending HIV care/treatment services will receive treatment for TB disease, and 10,000 HIV-infected people will receive TB preventive therapy. Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV infected individuals will be 500, and number of outlets providing clinical prophylaxis and/or treatment for TB for HIV- infected individuals will be 60. The main populations being targeted here are people living with HIV/AIDS and Health workers.

3.CONTRIBUTIONS TO OVERALL PROGRAM AREA These activities will result in 10,000 HIV/TB co-infected persons receiving care in TB and HIV care settings.

4.POPULATIONS TARGETTED

Populations targeted are persons living with HIV/AIDS that are also co-infected with TB, and health care workers.

5.LINKS TO OTHER ACTIVITIES PATH's activity in TB/HIV is direct

PATH's activity in TB/HIV is directly related to NLTP's efforts in this same program area.

6.KEY LEGISLATIVE ISSUES

This activity addresses stigma and discrimination in the training setting.

7.EMPHASIS AREAS

The major emphasis area is training with a minor emphasis in human resources.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7031

Related Activity: 14856

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7031	4237.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	4279	569.07	TB Country Support/ TASC 2	\$360,000
4237	4237.06	U.S. Agency for International Development	Program for Appropriate Technology in Health	3255	569.06	TB Country Support/ TASC 2	\$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14856	8693.08	6958	2328.08	Capacity Project	IntraHealth International, Inc	\$1,665,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	120	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	750	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG	N/A	True

supported TB service outlet

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas Central Coast North Eastern Nyanza Rift Valley

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 4918.08 Prime Partner: Program for Appropriate Technology in Health Funding Source: GHCS (State) Budget Code: HVTB Activity ID: 9068.08 Activity System ID: 14996 Mechanism: APHIA II - Western USG Agency: U.S. Agency for International Development Program Area: Palliative Care: TB/HIV Program Area Code: 07 Planned Funds: \$300,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS.

1. LIST OF RELATED ACTIVITIES

This activity links with other HVTB activities by Indiana University (#6900) as well as other USG partners. These activities are linked with activities in HTXS (#8826), HBHC (#8931), PMTCT (#8738), and OVC (#9073).

2. ACTIVITY DESCRIPTION

APHIA II Western will continue to provide technical assistance to a majority of health facilities within all districts in Western Province, providing TB and HIV collaborative services. This assistance will increase management, as well as technical, capacity of staff at these sites improving quality and productivity. The COP 2007 APHIA II activities are to provide TB diagnostic and curative services as well as cross referral to HIV care services. With increased emphasis on Provider initiated testing and counseling, it is expected that all TB clinics should offer HIV testing to all their clients. The detailed 2008 activity will be determined through discussions with the District and Provincial Health Management teams. However, it is imperative that the 2008 COP activity will consolidate past assistance, taking them forward in terms of improved programming through innovation, expansion and integration with other program areas. It is expected that Intensified TB screening for 10000 HIV patients and HIV screening for 2000 TB suspects/patients will be offered as a standard of care in all the facilities; approximately 1000 TB patients will be identified as being infected with both TB and HIV in about 32 sites. In 2008, the APHIA II Western will continue to support the training of staff in various skills in TB/HIV management. The local health ministry will be supported to supervise facilities and providers towards enhancing quality of care. At all the ART sites, point persons for provider-initiated testing and counseling are to be in place by the end of COP 2007. These shall continue to be empowered to coordinate the testing activities at the various entry points including TB clinics within the facilities.

The APHIA II Western will continue to participate in the Ministry of Health's (MOH) Technical Working Group to ensure coordination of site selection, project activities, monitoring and evaluation and linkages between these sites. They will comply with MOH clinical and reporting guidelines and will use the national training curriculum. APHIA II Western will also support each of the 14 districts to carry out Quality assurance for sites.

In FY 2008 activities will ensure active TB screening for HIV infected patients, HIV testing for TB patients will be intensified, emphasis on Cotrimoxazole prophylaxis for all HIV infected TB clients, piloting of ART in TB clinics, and an increase in the number of sites that can appropriately do IPT. As a result of the 2008 activity, it is expected that 2,000 new clients will be provided with TB/HIV services and a 100 of service providers trained to provide these services. Diagnostic HIV testing for all TB patients will be on an "opt out" principle. Guidelines on HIV testing and universal precautions - consent, confidentiality and counseling - will be observed as part of standard universal practice

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This APHIA II Western activity will provide clinical prophylaxis and treatment for TB to 2,000 people, thus contributing to the national TB/HIV targets, and train 100 health workers in TB/HIV related activities in 10 health care facilities in Western Province. These set of activities will contribute to the results of strengthened delivery of integrated HIV and TB services, including strengthened referral systems, improved diagnostics and treatment of TB among HIV-positive patients and of HIV in TB patients, and strengthened capacity of health workers to provide integrated HIV and TB services. APHIA II Western activities will contribute to the 2008 Emergency Plan result for increased availability of TB/HIV services. It will enable service providers to identify the large numbers of HIV infected patients who are potential candidates for TB treatment and vice versa. It therefore contributes to Kenya's 5-year strategy emphases on improved case detection and treatment for TB plus enhancing the linkage to HIV care and treatment.

4. LINKS TO OTHER ACTIVITIES

This activity links with other HVTB activities by Moi University School of Medicine Network (#6900) as well as other USG partners. These activities are linked to all other APHIA II Western program areas such as HTXS (#8826), HBHC (#8931), PMTCT (#8738), and OVC (#9073) in Western Province.

5. POPULATIONS BEING TARGETED

General population, Health workers, PLWHA with dual TB/HIV infections.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Increased availability of CT in clinical settings and increased access to HIV-related care for TB patients will help reduce stigma and discrimination.

7. EMPHASIS AREAS

Major emphasis is training, with minor emphases in Community mobilization/participation, development referral systems, local organizations capacity development, and IEC. APHIA II Western with these additional Plus Up funds will intensify provider-driven DCT in health care settings seeking to enhance testing in TB diagnostic centres that currently do not provide ART services. These facilities are largely health centres and dispensaries that offer TB diagnostic services but are not providing ART. HIV positive patients identified via these activities will be referred to nearby treatment sites. This will complement the current DCT program that has intensified testing in facilities where both TB and ART services are provided.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9068

Related Activity: 14995, 14997, 14998, 14999

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds		
20074	9068.20074. 09	U.S. Agency for International Development	Program for Appropriate Technology in Health	8958	4918.09	APHIA II - Western	\$300,000		
9068	9068.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	4918	4918.07	APHIA II - Western	\$300,000		

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14995	8931.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$900,000
14997	9073.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$4,400,000
14998	8777.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$1,100,000
14999	8826.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$3,300,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	32	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,000	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	100	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	2,000	False

Indirect Targets

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS

Coverage Areas

Western

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 286.08 Prime Partner: New York University Funding Source: GHCS (State) Budget Code: HVTB Activity ID: 12460.08 Activity System ID: 14947 Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: TB/HIV Program Area Code: 07

Planned Funds: \$75,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. ACTIVITY DESCRIPTION

New York University (NYU) will support TB/HIV services for approximately 6,000 patients, at Bomu Clinic and two satellite sites in Mombasa, Coast Province. Intensified TB screening and treatment for 3000 HIV patients and HIV screening for 250 TB suspects/patients will be offered as a standard of care in all the facilities; approximately 125 patients will be identified as being infected with both TB and HIV. Funds will support refresher training of laboratory staff and improvement of basic laboratory microbiology capacity in order to meet the increased needs for TB testing. 10 health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals. Fund will support expanded and strengthened delivery of integrated HIV and TB services including strengthened referral systems. Additional activities will include community mobilization and dissemination of educational materials to patients. NYU will maintain data concerning the numbers of people served and will report both nationally and through the Emergency Plan. " NYU has a long history of providing guality AIDS care in a variety of settings and over the past several years has expanded capacity and expertise related to provision of care and treatment in resource limited settings like Africa. The AIDS Research and Family Care Clinic (ARFCC) was established in May 2001 and provides a comprehensive range of free medical and psychosocial services to families living with HIV in and around Mombasa. The clinic is served by a dedicated laboratory that offers HIV tests, basic hematology and chemistry tests, and CD4 counts. The Bomu clinic is a private clinic that provides general medical services to thousands of patients and has recently expanded their capacity to provide specialized HIV services. NYU has supported development of a program that was providing palliative care services for more than 700 patients by June 2006, including more than 100 children. Given that NYU has particular expertise in pediatric care and treatment, this site is expected to rapidly expand care and treatment for children. A key barrier to expansion of the program at the moment is space. NYU has received grant funding from other sources to establish an annex to the main clinic building that will allow substantial expansion of pediatric care and treatment, and Emergency Plan funding will be used for renovations and refurbishment.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute towards the provision of integrated HIV/TB services for dually infected patients care by reducing TB morbidity and mortality in HIV-infected individuals and also reducing HIV related morbidity and mortality in TB patients co-infected with HIV. These activities will strengthen referral systems, improve diagnostics and treatment of TB among HIV-positive patients and strengthen capacity of health workers to provide integrated HIV and TB services.

4. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to Palliative Care (#7014), ARV Services (#7015,8813) currently supported by this partner as well as HIV/TB services supported by NLTP.

5. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. Public health care providers, including doctors, nurses, pharmacists, laboratory workers will receive training in the diagnosis and management of TB using government guidelines.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, development of networks/linkages/referral systems, community mobilization, human resources, local organization capacity development, quality assurance, quality improvement and supportive supervision, and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12460

Related Activity: 14946

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20209	12460.2020 9.09	HHS/Centers for Disease Control & Prevention	New York University	8990	286.09		\$100,000
12460	12460.07	HHS/Centers for Disease Control & Prevention	New York University	4270	286.07		\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14946	4133.08	6984	286.08		New York University	\$175,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	3	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	125	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	10	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	250	False

Indirect Targets

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS

Coverage Areas

Coast

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 4924.08

 Prime Partner:
 Partnership for Supply Chain Management

 Funding Source:
 GHCS (State)

 Budget Code:
 HVTB

 Activity ID:
 8754.08

Activity System ID: 14952

Mechanism: N/A USG Agency: U.S. Agency for International Development Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$825,000

The only changes to the program since approval in the 2007 COP are: + Partnership for supply chain management will use the \$400,000 allocated in 08 to procure TB culture test. This will go along way in strengthening MDR/TB surveillance.

1.LIST OF RELATED ACTIVITIES

This activity relates to SCMS activities in the following program areas: Laboratory Infrastructure (#8763), PMTCT (#8757), and Counseling and Testing (#8783). It also supports all PEPFAR service-delivery activities.

2.ACTIVITY DESCRIPTION

SCMS will support all of PEPFAR Kenya's service delivery activities through provision of an uninterrupted supply of HIV test kits in TB/HIV and other clinical settings. Commodities will come through a regional warehouse established in Kenya (District Regional Center – DRC), significantly decreasing the lead-time in procurement. From the regional warehouse, supplies will enter into existing supply chain management systems, including the national distribution system, run by KEMSA, and in some cases, "buffer" stocks to ensure that PEPFAR supported sites have adequate test-kits when there is national shortage. The project will receive forecasting and quantification information from existing in-country partners. This activity will also liaise and strengthen local procurement and distribution partners such as MEDS and KEMSA, by working transparently and collaboratively with them. SCMS will be asked to procure commodities with a focus on results – ensuring not only that the product is delivered, but that there are the required maintenance, inputs and upgrades so that the target number of tests are achieved. In this 12-month period, SCMS will procure 250,000 Government of Kenya (GOK)-approved test kits for CT programs within TB/HIV treatment programs in health facilities.

3.CONTRIBUTIONS TO OVERALL PROGRAM AREA

This program will contribute to counseling and testing of HIV infected persons presenting for care in health settings by ensuring adequate supply of rapid test kits.

4.LINKS TO OTHER ACTIVITIES

This activity relates to all service delivery activities offering counseling and testing to pregnant women, as well as the RPM+/MSH ARV Drugs activity in logistics information management, distribution support, and forecasting and quantification (#6989), the mission competitive procurement (#6997), KEMSA logistics and information management and distribution systems (#6969) and SCMS procurements in Laboratory Infrastructure (#8763), PMTCT (#8757), and Counseling and Testing (#8783).

5.POPULATIONS BEING TARGETED The target populations for this activity adults, youth and children in the general population for HIV/AIDS

testing.

6.EMPHASIS AREAS

The major area of emphasis for this activity is commodity procurement.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8754

Related Activity: 14953, 14954

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20199	8754.20199. 09	U.S. Agency for International Development	Partnership for Supply Chain Management	8987	4924.09		\$825,000
8754	8754.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4924	4924.07		\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14954	8763.08	6985	4924.08		Partnership for Supply Chain Management	

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True

Indirect Targets

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 4917.08 Prime Partner: Pathfinder International Funding Source: GHCS (State) Budget Code: HVTB Activity ID: 9072.08 Activity System ID: 14962 Mechanism: APHIA II - Central USG Agency: U.S. Agency for International Development Program Area: Palliative Care: TB/HIV Program Area Code: 07 Planned Funds: \$250,000

1. LIST OF RELATED ACTIVITIES

This activity will be linked to ARV services (APHIA II Nairobi/Central), Basic Health Care services (#8936), CT Services (#8976) and other TB/HIV activities (#7001).

2. ACTIVITY DESCRIPTION

This activity relates to support for strengthening and expanding palliative care in clinical settings addressing TB and HIV. Pathfinder International (PI), the lead partner in APHIA II Nairobi/Central will develop and implement new interventions, expanding and integrating service delivery in Year 1 and Year 2 sites targeted under the APHIA II Nairobi/Central Project and adding new ones. In 2008, 52 sites (17 in Central and 35 in Nairobi) will be supported in provision of TB/HIV services. Through these sites, Intensified TB screening for 6500 HIV patients and HIV screening for 3000 TB suspects/patients will be offered as a standard of care in all the facilities; approximately 1500 TB patients will be identified as being infected with both TB and HIV. Emphasis will be on filling gaps in service delivery and linking to community based services. TB prevention, treatment and care programs will be strengthened and effective linkages made between TB and HIV services. Service quality and supervision at all levels of facility care and referral will be improved. Drug supply management, case management, records systems, supervision and community-based adherence/follow-up will be strengthened. All health facilities targeted by the project will provide OI treatment, including TB, cotrimoxazole prophylaxis, and nutritional support. APHIA II Nairobi/Central will work to expand diagnostic and DOTS case management capacity. According to GOK policy, all HIV+ patients will be screened for TB, and all TB patients tested for HIV. Malteser International a PI partner, will provide guidance for training of nurses and community health workers, annual refresher training on TB/HIV/AIDS care and education and basic training on clinical observation and case management. In 2008, 200 health workers will be trained to provide treatment for TB to HIV infected individuals PI will ensure that cotrimoxazole prophylaxis, de-worming, intermittent treatment for malaria, and ITNs are provided at all HIV care sites in collaboration with KEMSA and PSI. Lab staff will be trained to be more responsive to the needs of TB patients. In FY 2008 PI will pilot ART provision in TB clinics in an effort to decentralize and treat patients where they are presenting for care pending successful piloting of this activity in 2007. In both Nairobi and Central 1500 HIV infected people will be administered TB therapy, 200 health care workers will be trained in TB/HIV services from a total of 20 sites.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will result in 1500 persons accessing TB/HIV services in Nairobi and Central, as well as better prevention and control of urban TB in Nairobi.

4. LINKS TO OTHER ACTIVITIES

Clinic-based palliative care is one component in a comprehensive treatment and care approach under APHIA II, such that clients will benefit from long term ART as appropriate and linkages to community services. Linkages will also be made with the NLTP and VCT sites.

5. POPULATIONS BEING TARGETED

This activity targets in-patients and clients of DTC, TB-ward patients and clients of home and community support services who are referred for clinical care by community health workers. Health care providers including Doctors, Nurses and Other Health care workers will be targeted for training using national curricula.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address stigma and discrimination against persons infected with HIV.

7. EMPHASIS AREAS

This activity includes major emphasis on Quality assurance and supportive supervision with additional focus on training; development of networks/linkages/referral systems

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9072

Related Activity: 14960, 14963, 14964, 14965

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20176	9072.20176. 09	U.S. Agency for International Development	Pathfinder International	8983	4917.09	APHIA II - Central	\$200,000
9072	9072.07	U.S. Agency for International Development	Pathfinder International	4917	4917.07	APHIA II - Central / Nairobi	\$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14963	9056.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$1,650,000
14964	8976.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$750,000
14965	8765.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$1,950,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	52	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,500	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	200	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	3,000	False

Indirect Targets

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS

Coverage Areas			
Central			
Nairobi			

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 1501.08 Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GAP

Budget Code: HVTB

Activity ID: 4299.08

Activity System ID: 15053

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: TB/HIV Program Area Code: 07

Planned Funds: \$375,150

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED, BUT THIS YEAR'S CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHAI.

1.LIST OF RELATED ACTIVITIES

This activity relates to all other activities in the Palliative Care (HBHC): TB/HIV program area

2.ACTIVITY DESCRIPTION

CDC Kenya staff provide an intensive level of technical assistance and programmatic guidance on the integration of TB and HIV activities in partnership with the National Leprosy and TB Program (NLTP), the National AIDS and STI Control Program (NASCOP), other USG agencies (USAID and DOD), WHO, nongovernmental organizations, faith-based organizations, private practitioners and other implementing partners involved in TB/HIV activities. CDC staff re active leaders in the National TB/HIV coordinating committee and are assisting the Ministry of Health to coordinate the roll-out of routine HIV testing for TB patients/suspects, TB screening for HIV+ individuals and provision of additional HIV-related care (prevention of opportunistic infections, ARV therapy) for HIV+ TB patients. In FY 08, there will be greater involvement of technical staff in promoting greater horizontal collaboration across all Emergency Plan programs in the context of identified key themes: universal access to HIV prevention, universal access to basic HIV care package (this includes TB screening for PLWHA, universal access to HIV counseling and testing, greater attention to quality of care and the needs of the child either infected or affected by HIV. TB/HIV section staff, who include three Kenyan physicians, one laboratory technologist (funded separately under the Laboratory Program), and three support staff, are instrumental in developing project protocols and conducting public health evaluations designed to improve care and prevention of HIV-related TB in collaboration with the above partners. There will be greater involvement of the same staff in assisting Kenya adequately respond to the emerging threat of MDR-TB through improvement of infrastructure, establishment of a strong MDR-TB surveillance system and promotion of best clinical, laboratory and information management practices. The same staff will continue to provide technical support to TB/HIV programs in Southern Sudan and elsewhere depending on need. CDC Kenya staff also provide best practice training and guidance to medical staff, including assistance to the Ministry of Health in developing and evaluating TB/HIV training curricula and guiding the agenda for the national, regional and more localized TB/HIV coordinating bodies. Other technical assistance to the NLTP includes collection, analysis, and dissemination of national TB/HIV data. The same staff are involved in the piloting of electronic TB/HIV registers, the development and evaluation of data collection instruments (e.g. use of personal data assistance (PDA), and monitoring and evaluation of TB/HIV collaborative activities across the country. CDC Kenya professionals assist with the formulation of national policies and guidelines on HIV/TB matters. This budget includes support for 7 CDC Kenya staff, 6 weeks of technical assistance from CDC Atlanta and other African countries in the coming financial year, and a considerable amount of in-country travel for supervision of project activities and supply of essential commodities such as HIV test kits and cotrimoxazole. CDC Kenya staff supervise and monitor the use of USG funds in all CDC supported projects dealing with TB/HIV activities.

HQ Technical Area: New/Continuing Activity: Continuing Activity Continuing Activity: 7105 Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19948	4299.19948. 09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8926	1501.09		\$514,213
7105	4299.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4303	1501.07		\$520,000
4299	4299.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3292	1501.06		\$485,420

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True

Indirect Targets

Coverage Areas

Nairobi

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	2328.08	Mechanism:	Capacity Project	
Prime Partner:	IntraHealth International, Inc	USG Agency:	U.S. Agency for International Development	
Funding Source:	GHCS (State)	Program Area:	Palliative Care: TB/HIV	
Budget Code:	HVTB	Program Area Code:	07	
Activity ID:	16503.08	Planned Funds:	\$100,000	
Activity System ID:	16503			
Activity Narrative:	 ACTIVITY DESCRIPTION This activity relates to all Capacity projects narratives in HTXS, HLAB, and OHPS. Capacity has continued to support seconded staff to various Government ministries and under this program area will provide support to an Advisor on Tuberculosis at the Ministry of Health based at the National Leprosy and Tuberculosis Program (NLTP). This advisor will bring additional skills in tuberculosis laboratory needs serving as an advisor to the NLTP on the needs of the various TB/HIV diagnostic sites. CONTRIBUTIONS TO OVERALL PROGRAM AREA Capacity supports 830 health care providers at facilities across the country, develops on-site supervision, and is working nationally to make these system improvements sustainable. This activity will support a senior Technical advisor at the MOH/NLTP to improve TB/HIV lab diagnostic. 			
	3. LINKS TO OTHER ACTIVITIES This activity links to all Capacity project activ as seconding staff to the Ministry of Plannin Control Program (NASCOP).			
	4. POPULATIONS BEING TARGETED This activity will strengthen TB diagnostic sit for Tuberculosis.	tes assisting in the appropria	te testing of HIV positive persons	
	5. EMPHASIS AREAS / KEY LEGISLATIVE The main emphasis area for this activity is lo National Leprosy and Tuberculosis Program assistance to TB diagnostic sites.	ocal organization capacity bu		

HQ Technical Area: New/Continuing Activity: New Activity Continuing Activity: Related Activity: 14853, 14854, 14855, 14856

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14853	8647.08	6958	2328.08	Capacity Project	IntraHealth International, Inc	\$600,000
14854	4316.08	6958	2328.08	Capacity Project	IntraHealth International, Inc	\$5,500,000
14855	5361.08	6958	2328.08	Capacity Project	IntraHealth International, Inc	\$750,000
14856	8693.08	6958	2328.08	Capacity Project	IntraHealth International, Inc	\$1,665,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechansim

Related Activity:

Mechanism ID:	4061.08	Mechanism:	N/A
Prime Partner:	Regional Procurement Support Office/Frankfurt	USG Agency:	Department of State / African Affairs
Funding Source:	GHCS (State)	Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB	Program Area Code:	07
Activity ID:	19417.08	Planned Funds:	\$500,000
Activity System ID:	19417		
Activity Narrative:			
HQ Technical Area:			
New/Continuing Activity:	New Activity		
Continuing Activity:			

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 4919.08

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 9066.08

USG Agency: U.S. Agency for International Development Program Area: Palliative Care: TB/HIV Program Area Code: 07 Planned Funds: \$150,000

Mechanism: APHIA II - North Eastern

Activity System ID: 14701

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity will be linked to ARV services (#8805), Palliative Care: Basic Health Care and Support (#8867), and Counseling and Testing (#8778)

2. ACTIVITY DESCRIPTION

There are a number of variables that distinguish NEP from the rest of the county and have important implications for health programming. First, NEP has the lowest utilization of health services in the country. This is due to a combination of factors, including poorly staffed facilities; vast distances between facilities; very high illiteracy rates of both men and women; extraordinary stigma, particularly around the use of condoms; high rates of TB (though to date this is largely unassociated with HIV) and stigmatization of those with TB; low rates of HIV prevalence in persons being treated for TB (typically only around 3-4%); religious and social attitudes and beliefs which discourage the use of health facilities for deliveries; harsh conditions which contribute to understaffing and poor retention of those who do report for duty. Outreach services, which are able to respond to the movement of pastoralists, can help to address the inaccessibility of distant Servive Delivery Points (SDPs); however, the quality of services provided by SDPs must also improve significantly. While stigma is the major cause for people in NEP not knowing their HIV status, the availability and quality of counseling and testing services requires significant improvements. Intensified TB screening for 10000 HIV patients and HIV screening for 700 TB suspects/patients will be offered as a standard of care in all the facilities; approximately 350 TB patients will be identified as being infected with both TB and HIV

This activity will build on USAID investment through UNICEF to provide support for strengthening and expanding palliative care in clinical settings addressing TB and HIV. Emphasis will be on filling gaps in service delivery and linking to community based services. TB prevention, treatment and care programs will be strengthened and effective linkages made between TB and HIV services. TB manyattas in each district will be renovated. Service quality and supervision at all levels of facility care and referral will be improved. Drug supply management, case management, records systems, supervision and community-based adherence/follow-up will be strengthened. All health facilities targeted by the project will provide OI treatment, including TB, cotrimoxazole prophylaxis, and nutritional support. APHIA II NEP will work to expand diagnostic and DOTS case management capacity, including improving the quality of TB diagnostic laboratories. It will provide guidance for training of nurses and CHWs, annual refresher training on TB/HIV/AIDS care and education. It will pilot ART provision in TB clinics in an effort to decentralize and treat patients where they are presenting for care.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In NEP and northern parts of Eastern and Rift Valley provinces in FY 2008, 700 people will be provided with TB treatment servives.

4. LINKS TO OTHER ACTIVITIES

Clinic-based palliative care is one component in a comprehensive treatment and care approach under APHIA II, such that clients will benefit from long term ART and linkages to community services. Linkages will also be made with the NLTP and CT, PMTCT and OVC sites.

5. POPULATIONS BEING TARGETED

This activity targets clients at antenatal clinics, VCT sites, in-patients and clients of DTC, TB-ward patients and clients of home and community support services who are referred for clinical care by community health workers and Health care.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address stigma and discrimination against persons dually infected with TB and HIV.

7. EMPHASIS AREAS

This activity includes major emphasis on quality assurance, quality improvement and supportive supervision. Minor emphasis will be placed on training and development of networks/linkages/referral systems.

Continuing Activity: 9066

Related Activity: 14700, 14702, 14703, 14704

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20188	9066.20188. 09	U.S. Agency for International Development	Pathfinder International	8984	4919.09	APHIA II - North Eastern	\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14700	8867.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$500,000
14702	9067.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$1,200,000
14703	8778.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$400,000
14704	8805.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$600,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Malaria (PMI)
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	10	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	350	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	50	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	700	False

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
People Living with HIV / AIDS	
Refugees/Internally Displaced Persons	

Coverage Areas

North Eastern

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 4925.08 Prime Partner: Columbia University Mailman School of Public Health Funding Source: GHCS (State)

Budget Code: HVTB

Mechanism: Eastern Province

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Activity System ID: 14690

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

Other change:

+ this TBD was awarded to Columbia University only a few days prior to COP submission.

1.LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: Basic Health Care and Support (#7043), ARV Services (#8983), and Counseling and Testing (#8782).

2.ACTIVITY DESCRIPTION .

The To Be Determined Partner (TBD) will support TB/HIV services for patients in 11 sites in the southern region of Eastern province of Kenya. TB screening will be offered to 9000 HIV patient and HIV screening for 2000 TB patients as a standard of care at the facilities; approximately 1,000 patients will be diagnosed as co-infected with TB and HIV. Funds will support refresher training of laboratory staff and improvement of basic laboratory microbiology capacity in order to meet the increased needs of TB testing. 30 health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals. The TBD will maintain data concerning the numbers of people served and will report both nationally and through the Emergency Plan.

3.CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute towards the provision of integrated HIV/TB for dually infected patients care by reducing TB morbidity and mortality in HIV-infected individuals and also reducing HIV related morbidity and mortality in TB patients co-infected with HIV. These activities will strengthen referral systems, improve diagnostics and treatment of TB among HIV-positive patients and strengthen capacity of health workers to provide integrated HIV and TB services

4.LINKS TO OTHER ACTIVITIES

The overall program activity links closely to Palliative care and ARV services currently supported by this TBD partner, and Counseling and Testing activities supported by JHPIEGO.

5. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. Public health care providers, including doctors, nurses, pharmacists, laboratory workers will receive training in the diagnosis and management of TB using government guidelines

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7.EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, human resources, local organization capacity development, quality assurance, quality improvement and supportive supervision, and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8761

Related Activity: 14689, 14691

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20403	8761.20403. 09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	9060	4925.09	Eastern Province	\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14689	5271.08	6908	4925.08	Eastern Province	Columbia University Mailman School of Public Health	\$332,000
14691	5274.08	6908	4925.08	Eastern Province	Columbia University Mailman School of Public Health	\$1,000,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	11	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,000	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	30	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	2,000	False

Indirect Targets

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS

Coverage Areas

Eastern

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 295.08

Prime Partner: African Medical and Research Foundation Funding Source: GHCS (State) Budget Code: HVTB Activity ID: 12457.08

Activity System ID: 14724

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: TB/HIV Program Area Code: 07 Planned Funds: \$50,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. ACTIVITY DESCRIPTION

African Medical Research Foundation (AMREF) will support TB/HIV services for at 4 sites in Nairobi Province. Intensified TB screening for 1250 HIV patients and HIV screening for 300 TB suspects/patients will be offered as a standard of care in all the facilities; approximately 150 TB patients will be identified as being infected with both TB and HIV. Funds will support refresher training of laboratory staff and improvement of basic laboratory microbiology capacity in order to meet the increased needs for TB testing. 10 health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals. Funds will support expanded and strengthened delivery of integrated HIV and TB services including strengthened referral systems. Additional activities will include community mobilization and dissemination of educational materials to patients. AMREF will maintain data concerning the numbers of people served and will report both nationally and through the Emergency Plan. " AMREF has extensive experience and expertise in implementing community-based HIV/AIDS prevention and care programs throughout Africa. The HIV treatment program in Kibera has been recognized as a model of communitybased care for PLWAs. By April 2007, the program was providing palliative care services to more than 1500 patients. Rates of adherence to care are very high. The community sensitization activities have already contributed substantially to a reduction in stigma and discrimination in this community and are expected to continue to do so.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute towards the provision of integrated HIV/TB services for dually infected patients care by reducing TB morbidity and mortality in HIV-infected individuals and also reducing HIV related morbidity and mortality in TB patients co-infected with HIV. These activities will strengthen referral systems, improve diagnostics and treatment of TB among HIV-positive patients and strengthen capacity of health workers to provide integrated HIV and TB services.

3. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to Palliative Care (#7096), ARV Services (#7095) and PMTCT Services ((#6837) currently supported by this partner as well as HIV/TB services supported by NLTP.

4. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. Public health care providers, including doctors, nurses, pharmacists, laboratory workers will receive training in the diagnosis and management of TB using government guidelines.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

6. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, development of networks/linkages/referral systems, community mobilization, human resources, local organization capacity development, quality assurance, quality improvement and supportive supervision, and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12457

Related Activity: 14723

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20350	12457.2035 0.09	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	9039	295.09		\$50,000
12457	12457.07	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	4201	295.07		\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14723	4817.08	6922	295.08		African Medical and Research Foundation	\$250,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	4	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	150	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	10	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	300	False

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS

Coverage Areas

Nairobi

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3670.08 Prime Partner: Catholic Relief Services Funding Source: GHCS (State) Budget Code: HVTB Activity ID: 8843.08 Activity System ID: 14746 Mechanism: N/A USG Agency: HHS/Health Resources Services Administration Program Area: Palliative Care: TB/HIV Program Area Code: 07 Planned Funds: \$2,900,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: Basic Health Care and Support (#6855) and ARV Services (#6853, #6854).

2. ACTIVITY DESCRIPTION

AIDS Relief (a consortium of Catholic Relief Services, Catholic Medical Mission Board, Futures Group, Interchurch Medical Assistance, and the Institute of Human Virology at the University of Maryland) will support HIV/TB services for HIV patients at 24 service delivery sites throughout Kenya. AIDSRelief will offer TB screening to 20,000 HIV patients and HIV testing for 10,200 TB patients; approximately 5,000 will be diagnosed with HIV/TB. Refresher training of laboratory staff will be initiated and basic laboratory microbiology capacity improved in order to meet the increased needs of TB testing. 25 Health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute towards the provision of integrated HIV/TB care by reducing TB morbidity and mortality in HIV-infected individuals and also reducing HIV related morbidity and mortality in TB patients co-infected with HIV. These activities will strengthen referral systems, improve diagnostics and treatment of TB among HIV-positive patients, strengthen capacity of health workers to provide integrated HIV and TB services.

4. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to Palliative care and ARV services currently supported by AIDSRelief, ART services supported by this partner through in-country funding, and ART services coordinated by and supported through the National AIDS and STD Control Program (NASCOP).

5. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. Public health care providers, including doctors, nurses, pharmacists, laboratory workers will receive training in the diagnosis and management of TB using government guidelines.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, local organization capacity development, quality assurance, quality improvement and supportive supervision, strategic information and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8843

Related Activity: 14745, 14747

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20562	8843.20562. 09	HHS/Health Resources Services Administration	Catholic Relief Services	9080	9080.09		\$1,350,000
8843	8843.07	HHS/Health Resources Services Administration	Catholic Relief Services	4213	3670.07		\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14745	4924.08	6934	3670.08		Catholic Relief Services	\$1,068,000
14747	4271.08	6934	3670.08		Catholic Relief Services	\$7,732,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	24	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	5,000	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	25	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	10,200	False

Indirect Targets

General population			
Children (under 5)			
Boys			
Children (under 5)			
Girls			
Children (5-9)			
Boys			
Children (5-9)			
Girls			
Ages 10-14			
Boys			
Ages 10-14			
Girls			
Ages 15-24			
Men			
Ages 15-24			
Women			
Adults (25 and over)			
Men			
Adults (25 and over)			
Women			
Other			
People Living with HIV / AIDS	;		

Coverage Areas			
Central			
Coast			
Eastern			
Nairobi			
Nyanza			
Western			

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3543.08

Prime Partner: Children of God Relief Institute

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 12455.08

Mechanism: Lea Toto USG Agency: U.S. Agency for International Development Program Area: Palliative Care: TB/HIV Program Area Code: 07 Planned Funds: \$50,000

Activity System ID: 14750

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

The COGRI Lea Toto TB/HIV activities are related to their Home Based Care activities (__), HIV/AIDS treatment services (#6862), counseling and testing (#6860), and orphans and vulnerable children (#6861).

2. ACTIVITY DESCRIPTION

The goal of the Lea Toto Project is to mitigate the impact of HIV/AIDS and reduce the risk of HIV transmission through the provision of a comprehensive HIV prevention, care and treatment package. The project was started in September 1999, and implements programs in selected slums in Nairobi in Kangemi, Kariobangi, Kibera, Kawangware. In FY 2008 Children of God Relief Institute/Lea Toto Project will use these funds to intensify provider-initiated HIV counseling and testing in health care settings, seeking to enhance HIV testing among children presenting with TB symptoms across their network of 6 sites. Intensified TB screening for 1500 HIV patients and HIV screening for 100 TB suspects/patients will be offered as a standard of care in all the facilities; approximately 50 TB patients will be identified as being infected with both TB and HIV. Other activities supported will include intensified TB case finding among household contacts of confirmed TB cases, as well as community-level contact tracing of TB suspects. HIV positive children and family members identified via these activities will be offered ART treatment in the Lea Toto network of clinics. This will complement the current DCT program that has intensified testing in facilities where both TB and ART services are provided. An additional 100 TB/HIV infected children will be identified and treated with these resources.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to intensified TB/HIV case finding among co-infected children in the slums of Nairobi. Through this activity, an additional 100 TB/HIV infected children will be identified and provided with care services.

4. LINKS TO OTHER ACTIVITIES

The COGRI Lea Toto TB/HIV activities are related to their Home Based Care activities (__), HIV/AIDS treatment services (#6862), counseling and testing (#6860), and orphans and vulnerable children (#6861).

5. POPULATIONS BEING TARGETED

This activity will target people affected by HIV/AIDS including Caregivers, HIV positive infants and children, OVC and PLWHA. The activity will also target community and religious leaders as well as community volunteers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

By meeting the needs of vulnerable children and their care providers, stigma and discrimination will decrease and allow children to return to school and parents/providers improve in health and earn income to contribute to the family's welfare. Gender issues will also be addressed to increase women's access to income and productive resources.

7. EMPHASIS AREA

The main area of emphasis will be Community Mobilization/Participation as Lea Toto strengthens the ability of targeted local communities to prioritize needs of HIV+ children and their families.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12455

Related Activity: 14749, 14751, 14752, 14753

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20377	12455.2037 7.09	U.S. Agency for International Development	Children of God Relief Institute	9054	3543.09	Lea Toto	\$200,000
12455	12455.07	U.S. Agency for International Development	Children of God Relief Institute	4216	3543.07	Lea Toto	\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14749	5105.08	6936	3543.08	Lea Toto	Children of God Relief Institute	\$150,000
14751	4918.08	6936	3543.08	Lea Toto	Children of God Relief Institute	\$600,000
14752	4848.08	6936	3543.08	Lea Toto	Children of God Relief Institute	\$200,000
14753	5092.08	6936	3543.08	Lea Toto	Children of God Relief Institute	\$1,000,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- Human Capacity Development
- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	6	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	50	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	20	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	100	False

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Other	
Orphans and vulnerable children	
People Living with HIV / AIDS	

Coverage Areas

Nairobi

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 348.08	Mechar	nism: N/A
Prime Partner: Commu Founda		ency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) Program	Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area C	ode: 07
Activity ID: 4166.08	Planned Fu	Inds: \$300,000
Activity System ID: 14765		

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6875) and TB/HIV (#7001).

2. ACTIVITY DESCRIPTION

The Community Housing Foundation will support TB/HIV services for patients in 30 sites. TB screening for 3250 HIV patients and HIV screening for 3100 TB patients will be offered as a standard of care. It is estimated that 1500 patients will be HIV/TB co-infected. This activity supports a public-private partnership (PPP) between Kenya's National Leprosy and TB Program (NLTP) and the Kenya Association for Prevention of TB and Lung Disease (KAPTLD) for collaborative TB/HIV activities. KAPTLD is an affiliate of the International Union Against TB and Lung Disease (IUATLD), a group of chest physicians in private practice in Nairobi and major urban centers in Kenya. More than 75% of Kenya doctors and half of the national health facilities reside in the private sector, and this PPP seeks to promote good clinical practice in TB/HIV services provided by those physicians. The partnership was established in 2004 with support from the Emergency Plan, and since the signing of an MOU with NLTP in 2006, KAPTLD has begun TB/HIV activities in Nairobi, Mombasa, Nakuru, Eldoret, Kisumu and other urban sites in Kenya. KAPTLD will use FY 2008 funds to support administrative operations in Nairobi, provide support supervision to private practitioners, establish a TB/HIV resource center, and train staff - nurses, clinical officers and doctors - in order to strengthen capacity in the private sector. The funds will also support the printing and distribution of monitoring and evaluation tools. KAPTLD will invest FY 2008 funds into the following key TB/HIV activities: testing TB patients/suspects for HIV, screening HIV-infected persons for TB, providing co-infected patients with additional care (cotrimoxazole, ART), providing risk reduction counseling and psycho-social support, training health workers to deliver TB/HIV services, supporting infrastructure, and supporting procurement of commodities (such as HIV test kits and drugs). Private diagnostic TB and HIV laboratories will be supported, through collaboration with CDC's Laboratory Program, the National Public Health Laboratory Services (NPHLS) and the NLTP to ensure that national standards are achieved and maintained. In addition, KAPTLD, in collaboration with the NLTP, will strengthen reporting and patient tracking systems to ensure that standard TB and HIV care outcomes are accurately reported and factored into the national database. In addition, CHF will build organizational capacity and give sub grants to Merlin (\$ 50,000) and Community of St. Egidio (\$50,000) to intensify screening and treatment for TB among HIV patients and HIV among TB patients. The two organizations will also support expanded and strengthened delivery of integrated HIV and TB services, including strengthened referral systems and building capacity of health workers to provide integrated HIV and TB services.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will result in strengthened delivery of integrated HIV and TB services in the private sector, including strengthened patient tracking systems between the pubic and private practitioners, improved diagnostics and treatment of TB among HIV-positive patients and of HIV in TB patients, strengthened capacity of private health workers to provide integrated HIV and TB services and strengthened systems capacity for program monitoring and evaluation and management of commodities.

4. LINKS TO OTHER ACTIVITIES

These activities will be linked to ongoing VCT, PMTCT, STI and ARV treatment services in both the private and public settings. These activities will be coordinated by the NLTP and NASCOP (#7001) and will result in strengthened delivery of integrated HIV and TB services, including strengthened referral systems, improved diagnosis and treatment of TB among HIV-positive patients and of HIV in TB patients, strengthened capacity of health workers in private practice to provide integrated HIV and TB services and strengthened systems capacity for program monitoring and evaluation and management of commodities.

5. POPULATIONS BEING TARGETTED

These activities target TB suspects (adults and children) from whom 15% of all notified TB patients will be derived. The TB suspects will be seen at private outlets in the major urban settings in Kenya. The other populations targeted are HIV+ persons identified from VCT, PMTCT, STI, and ARV clinics and PLWHA organizations - deliberate action will be taken to intensify TB screening and TB case finding among PLWHA

6. KEY LEGISLATIVE ISSUES ADDRESSED

Diagnostic HIV testing for all TB patients will be on an "opt out" principle. Guidelines on HIV testing based on consent, confidentiality and counseling will be observed as standard practice. Increased availability of CT in clinical settings and increased access to HIV-related care for TB patients will help reduce stigma and discrimination.

7. EMPHASIS AREAS

Emphasis areas include commodity procurement, development of network/linkages/referral systems, IEC, infrastructure, local organization capacity development, and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6871

Related Activity: 14767, 14768

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6871	4166.07	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	4221	348.07		\$570,000
4166	4166.06	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	3233	348.06		\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14767	4170.08	6941	348.08		Community Housing Foundation	\$1,800,000
14768	4164.08	6941	348.08		Community Housing Foundation	\$1,300,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- Local Organization Capacity Building
- Wraparound Programs (Health-related)
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	30	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,500	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	225	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	3,100	False

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
Pregnant women	
Discordant Couples	
People Living with HIV / AIDS	
Table 3.3.07: Activities by Funding Mechansim	
Mechanism ID: 4915.08	Mechanism: APHIA II - Nyanza
Prime Partner: Engender Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 9059.08	Planned Funds: \$300,000
Activity System ID: 14781	

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES This activity relates to activities in Counseling and Testing (#8760), Condoms and Other Prevention (#8942), PMTCT (#8734), Palliative care: Basic health care and support (#8928), and ARV services (#8774).

2. ACTIVITY DESCRIPTION USAID'S APHIA Nyanza project implemented by EngenderHealth began its support to TB/HIV palliative care services in Nyanza Province in FY 2006. In FY 2008 this activity will continue the expansion of TB/HIV services emphasizing HIV counseling and testing for all TB patients in 15 public sector and faith-based health facilities across five districts in Nyanza Province. The districts targeted for expanded TB/HIV services are Homa- Bay, Rachuonyo, Gucha, Nyamira, Kuria and parts of Migori District. Intensified TB screening for 11000 HIV patients and HIV screening for 2000 TB suspects/patients will be offered as a standard of care in all the facilities; approximately 1000 TB patients will be identified as being infected with both TB and HIVIn the communities this activity will encourage utilization of health facilities for TB screening and treatment through a BCC strategy supported by community and faith-based organizations. This activity will train 90 CHWs to introduce/strengthen community DOTS and encourage stigma reduction in rural communities. An active contact-tracing program will be established linking the health facility, the CHWs and home based care providers. In the health facilities technical assistance will be provided to increase management and technical capacity of staff, and improve quality and utilization of clinical and laboratory services. This will ensure quality screening and clinical monitoring of patients, treatment for TB and referral for HIV testing. This activity aims to train 100 health workers, including MOH laboratory personnel on NLTP guidelines and reporting procedures; quality laboratory services procedures and comprehensive HIV/TB management. It will provide treatment to 1,000 HIV-infected TB patients. It prioritizes the screening of all HIV-infected persons, linking HIV-infected TB suspects to TB diagnosis and TB treatment using DOTS, and linking all HIV-infected TB patients to HIV care and treatment including ARV and cotrimoxazole therapy. This will strengthen referral linkages between the community, VCT sites, PMTCT sites. CCCs and TB clinics.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity supports one of the priorities of the Emergency Plan by improving geographical coverage of services that address TB among persons living with HIV/AIDS, and total of 2,000 HIV-infected patients will receive TB treatment. Referrals and linkages to treatment care and support for HIV-infected TB patients will be strengthened.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in Counseling and Testing (#8760), Condoms and Other Prevention (#8942), PMTCT (#8734), Palliative care: Basic health care and support (#8928), and ARV services (#8774) through the formation of effective referral networks for HIV prevention, treatment, care and support services.

5. POPULATIONS BEING TARGETED

This APHIA Nyanza activity targets adults of reproductive health age, pregnant women, people living with HIV/AIDS and rural communities to increase access to TB/HIV services. BCC activities will involve community leaders, religious leaders, faith-based and community based organizations to reduce stigma and improve health-seeking behavior. Strategies to improve quality of services will target faith-based and public health doctors, nurses, midwives, laboratory workers and other health care workers such as clinical officers and public health officers in both public and faith based facilities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses stigma and discrimination by enhancing community support for PLWHA and increasing gender equity in HIV/AIDS programs through increasing opportunity for comprehensive health care.

7. EMPHASIS AREAS

This APHIA II Nyanza activities have a major emphasis on community mobilization/participation and quality assurance, quality improvement and supportive supervision. It has a minor emphasis on training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9059

Related Activity: 14780, 14782, 14784, 14785

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20434	9059.20434. 09	U.S. Agency for International Development	Engender Health	9063	4915.09	APHIA II - Nyanza	\$300,000
9059	9059.07	U.S. Agency for International Development	Engender Health	4915	4915.07	APHIA II - Nyanza	\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14780	8928.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$900,000
14782	9071.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$6,150,000
14785	8774.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$3,050,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Malaria (PMI)
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	15	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,000	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	100	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	2,000	False

Other

People Living with HIV / AIDS

Coverage Areas

Nyanza

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 282.08 Prime Partner: Eastern Deanery AIDS Relief Program Funding Source: GHCS (State) Budget Code: HVTB Activity ID: 4129.08 Activity System ID: 14773 Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: TB/HIV Program Area Code: 07 Planned Funds: \$780,000 Activity Narrative: THIS IS AN ONGOING ACTIVITY. The narrative is unchanged except for updated reference to targets and budgets.

1.LIST OF RELATED ACTIVITIES

This activity relates to activities in HVCT (#6881), HBHC and HTXS (#6880).

2.ACTIVITY DESCRIPTION

The Eastern Deanery AIDS Relief Program (EDARP) is a faith-based organization (FBO) under the Roman Catholic Archdiocese of Nairobi established in 1993 in response to the HIV pandemic affecting predominantly poor people living in the eastern slums of Nairobi. Through a network of community health workers and clinical sites, EDARP provides services to thousands of PLWHA. EDARP routinely tests TB suspects for HIV and has underscored the importance of this approach by demonstrating higher HIV rates in suspects without TB at first contact (64%) compared to those with TB (58%). This finding shows that targeting only patients with confirmed TB represents a missed opportunity for identifying large numbers of individuals who need additional HIV-related care. EDARP's TB/HIV activity will continue to partner closely with its ARV program, funded as an HTXS activity. HIV testing for TB suspects identifies large numbers of clients who are eligible for cotrimoxazole (CTX) and ART. This program continues to serve as a model for the scale up of TB/HIV activities nationally. EDARP will continue to deliver TB preventive treatment (IPT) to eligible PLWHA as one of few pilot sites previously designated by the TB program. The populations served have high rates of HIV and TB and suffer widespread poverty and limited access to quality health services. In FY 2008, due to increased demand, EDARP will further expand collaborative TB/HIV services at existing TB/HIV service outlets and establish new ones.

To achieve this, EDARP will expand and strengthen HIV counseling and testing for all TB suspects/patients, screen at least 50% of PLWHA served in all EDARP HIV care settings for TB and further strengthen patient referral systems between TB and HIV programs. TB screening for 8,000 HIV patients and HIV screening for 5,000 TB patients will be offered. It is estimated that 2,500 patients will be HIV/TB co-infected. Using FY 08 and FY 07 plus-up funding, EDARP will promote HIV prevention through, for those carrying the HIV virus, partner notification, partner testing and, where appropriate, use of condoms. All eligible HIV+ TB patients /suspects will be place on cotrimoxazole and ART. To increase capacity to deliver TB/HIV services, EDARP will hire, retain and train new and existing health workers, improve infrastructure and support supply of HIV test kits and essential commodities and medicines. Other activities will include expansion of the network of community health workers through which EDARP has developed a strong patient tracking systems invaluable for TB/HIV case finding and case holding. FY 2008 Emergency Plan funds will also be used to support laboratory and X-ray services, salaries for part of existing and new staff in accordance with Emergency Plan guidelines.

3.CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will result in strengthened delivery of integrated HIV and TB services, including strengthened referral systems, improved diagnostics and treatment of TB among HIV-positive patients and of HIV in TB patients, strengthened capacity of health workers to provide integrated HIV and TB services and strengthened systems capacity for program monitoring and evaluation and management of commodities.

4.LINKS TO OTHER ACTIVITIES

The TB/HIV activities will be linked to a variety of services, including CT, PMTCT, STI and ART. EDARP also runs a successful feeding program for needy HIV and TB patients. These services are also linked to the network center at Kenyatta National Referral Hospital and to TB/HIV services provided by the Nairobi City Council facilities in the Eastern Deanery.

5. POPULATIONS BEING TARGETTED

TB suspects (both adults and children) and PLWHA identified from VCT (adults), PMTCT (pregnant women), STI (adults), ARV clinics (children and adults) and PLWHA organizations - TB screening among PLWHA identified at these sites will be intensified.

6.KEY LEGISLATIVE ISSUES ADDRESSED

Diagnostic HIV testing for all TB patients will be on an "opt out" principle. Guidelines on HIV testing based on consent, confidentiality and counseling will be observed as part of standard practice. Increased availability of CT in clinical settings and increased access to HIV-related care for TB patients will help reduce stigma and discrimination.

7.EMPHASIS AREAS

These include facility renovations, local organization capacity development and human capacity development (in-service training, task shifting, staff retention activities).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6879

Related Activity: 14772, 14775, 14776

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20423	4129.20423. 09	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	9062	282.09		\$900,000
6879	4129.07	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	4222	282.07		\$500,000
4129	4129.06	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	3215	282.06		\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14772	4128.08	6943	282.08		Eastern Deanery AIDS Relief Program	\$550,000
14775	6437.08	6943	282.08		Eastern Deanery AIDS Relief Program	\$600,000
14776	4130.08	6943	282.08		Eastern Deanery AIDS Relief Program	\$4,300,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	12	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,500	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	60	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	5,000	False

Indirect Targets

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Nairobi

Prime Partner:	Columbia University Mailman School of Public Health	USG Agency:	HHS/Centers for Disease Control & Prevention				
Funding Source:	GHCS (State)	Program Area:	Palliative Care: TB/HIV				
Budget Code:	HVTB	Program Area Code:	07				
Activity ID:	8846.08	Planned Funds:	\$450,000				
Activity System ID:	14758						
Activity Narrative:	HIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED EFERENCES TO TARGETS AND BUDGETS.						
	LIST OF RELATED ACTIVITIES This activity relates to activities in Palliative Care (#6868), ARV Services (#6866, 6867) and PMTCT #7016).						
	 2.ACTIVITY DESCRIPTION Columbia University's International Center for AIDS Treatment (CU-ICAP) will support TB/HIV services for patients at 35 sites in Central Province. Intensified TB screening will be offered to 15,000 HIV patients and HIV screening for 3000 TB patients as part of the standard of care in all the facilities; approximately 1,500 co-infected patients are expected to be identified. Funds will support refresher training of laboratory staff and improvement of basic laboratory microbiology capacity in order to meet the increased needs of TB testing. 30 health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals. CU-ICAP will maintain data concerning the numbers of people served and will report both nationally and through the Emergency Plan. CU-ICAP supports the development of high quality HIV care and treatment services in low resource settings. CU-ICAP programs currently support HIV/AIDS activities, including PMTCT plus and care and treatment. With regionalized planning for care and treatment services, CU-ICAP-Kenya was designated the primary USG care and treatment partner for central province. CU-ICAP has established an efficient administrative and operations base in Nairobi and is working closely with CDC-Kenya. 3.CONTRIBUTIONS TO OVERALL PROGRAM AREA These activities will contribute towards the provision of integrated HIV/TB care for dually infected patients by reducing TB morbidity and mortality in HIV-infected individuals and also reducing HIV related morbidity 						
	 diagnostics and treatment of TB among HIV-positive patients and strengthen capacity of health workers to provide integrated HIV and TB services 4.LINKS TO OTHER ACTIVITIES The overall program activity links closely to Palliative Care (#6868) and ARV Services (#6866, 6867) currently supported by Columbia University and PMTCT services(#7016) offered by Pathfinder International. 5.POPULATIONS BEING TARGETED These activities target people living with HIV/AIDS. Public health care providers, including doctors, nurses, pharmacists, laboratory workers will receive training in the diagnosis and management of TB using government guidelines. 						
	6.KEY LEGISLATIVE ISSUES ADDRESSED This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.						
	7.EMPHASIS AREAS This activity includes minor emphases in content networks/linkages/referral systems, human assurance, quality improvement and suppo	resources, local organization	capacity development, quality				
HQ Technical Area:							
New/Continuing Activity:	Continuing Activity						
Continuing Activity:	8846						
Related Activity:	14757, 14759						

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20396	8846.20396. 09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	9059	3672.09	Central Province	\$400,000
8846	8846.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4220	3672.07		\$220,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14757	4922.08	6940	3672.08		Columbia University Mailman School of Public Health	\$1,250,000
14759	4272.08	6940	3672.08		Columbia University Mailman School of Public Health	\$4,100,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	35	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,500	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	30	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	3,000	False

Indirect Targets

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
Pregnant women	
People Living with HIV / AIDS	

Coverage Areas

Central

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 4916.08 Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 9065.08

Activity System ID: 14801

Mechanism: APHIA II - Rift Valley USG Agency: U.S. Agency for International Development Program Area: Palliative Care: TB/HIV Program Area Code: 07

Planned Funds: \$450,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

The activity will link to APHIA Rift Valley other activities in CT (#8776), Palliative Care: Basic Health Care and Support (#8929), ARV services (#8797), Condoms and Other Prevention (#9040), Orphans and Vulnerable Children (#9029), Prevention of Mother to Child Transmission (#8733) and Abstinence and Be Faithful (#9070).

2. ACTIVITY DESCRIPTION

This activity has in the preceding years received funding from USAID to support TB control activities with the National Leprosy and Tuberculosis Program (NLTP) in urban, poor populations in Mombasa and Nairobi. In addition, these activities have supported strengthening of the Central Reference Laboratory, linkage into the home-care programs to introduce/strengthen community-based DOTS, continued school health education, increased number of TB diagnostic and treatment centers, development of effective referrals, dissemination of provider job-aides, educational campaigns, strengthening of management of drug resistance, and surveillance and institutionalization of TB/HIV collaboration. In the nomadic pastoralist population of Samburu district, this activity funded the SADIA Project that strengthened 'manyatta' TB care and introduced community-based DOTS and HIV care/treatment services treatment for TB disease and increase the number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV infected individuals to 40.

Intensified TB screening for 11000 HIV patients and HIV screening for 2000 TB suspects/patients will be offered as a standard of care in all the facilities; approximately 1500 TB patients will be identified as being infected with both TB and HIV. The activity will support training of HIV and TB care staffs on routine diagnostic testing and counseling of TB suspects and cases using the NLTP/NASCOP curriculum, provide additional staff as required, screen HIV cases for TB, upgrade laboratories with additional equipment, and renovate laboratory space, as necessary. In addition, INH prophylaxis will be introduced at select Comprehensive Care Clinics (CCCs) and the congregate settings of Naivasha GK Prison and other prisons. CTX prophylaxis will be introduced for all HIV infected TB cases and referrals for ART made to all CCCs. Therapeutic and supplementary nutrition will be provided to eligible TB/HIV patients. Planning, monitoring and supervisory mechanisms for collaborative activities will be strengthened at provincial, district and community levels. The capacity of select HIV/AIDS CBOs and local NGOs will be increased to integrate TB into their on-going HIV/AIDS activities. Low literacy materials on TB/HIV will be reproduced and supplied. The private providers will be trained and linked to either the public HIV/AIDS and TB programs or the Gold Star Network whose target is paying clients in the private sector.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA This APHIA II RV TB/HIV care activity will provide clinical prophylaxis and treatment for TB to 2000 people and train 100 health workers in TB/HIV related activities in 40 health care facilities in Rift Valley Province.

4. LINKS TO OTHER ACTIVITIES The activity will link to APHIA Rift Valley other activities in CT (#8776), Palliative Care: Basic Health Care and Support (#8929), ARV services (#8797), Condoms and Other Prevention (#9040), Orphans and Vulnerable Children (#9029), Prevention of Mother to Child Transmission (#8733) and Abstinence and Be Faithful (#9070) that all seek to provide comprehensive district based services coordinated at the provincial level.

5. POPULATIONS BEING TARGETED This activity targets People Living with HIV/AIDS and also HIV/AIDS affected families.

6. EMPHASIS AREAS This activity has a major emphasis on networks/linkages/referral systems and minor emphases in supportive supervision, development of referral systems, IEC, and linkages with other sectors and initiatives.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9065

Related Activity: 14800, 14802, 14803, 14804

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20457	9065.20457. 09	U.S. Agency for International Development	Family Health International	9066	4916.09	APHIA II - Rift Valley	\$400,000
9065	9065.07	U.S. Agency for International Development	Family Health International	4916	4916.07	APHIA II - Rift Valley	\$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14800	8929.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$900,000
14802	9029.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$4,700,000
14803	8776.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$1,200,000
14804	8797.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$2,300,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	40	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,500	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	100	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	3,000	False

Indirect Targets

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS

Coverage Areas

Rift Valley

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 4913.08 Prime Partner: Family Health International Funding Source: GHCS (State) Budget Code: HVTB Activity ID: 9062.08 Activity System ID: 14810 Mechanism: APHIA II - Coast

USG Agency: U.S. Agency for International Development Program Area: Palliative Care: TB/HIV Program Area Code: 07

Planned Funds: \$390,000

1. LIST OF RELATED ACTIVITIES

The APHIA II TB/HIV care activities relate to activities in AB (#8950), CT (#8781), OVC (#9048), Palliative Care: Basic Health Care and Support (#8934), ARV Services (#8813), Condoms and Other Prevention (#8930), PMTCT (#8764), and Strategic Information (#9711).

2. ACTIVITY NARRATIVE

This activity has in the preceding years received funding from USAID to support TB control activities with the National Leprosy and Tuberculosis Program (NLTP) in Mombasa and Nairobi. In addition, these activities have supported strengthening of the Central Reference Laboratory, linkage into the home-care programs, continued school health education, increased number of TB diagnostic and treatment centers, development of effective referrals, dissemination of provider job-aides, educational campaigns, strengthening of management of drug resistance, and surveillance and institutionalization of TB/HIV collaboration. This activity will support training of HIV and TB care staff on routine diagnostic testing and counseling of TB suspects and cases using the NLTP/NASCOP curriculum, provide additional staff if required, screening of HIV cases for TB, upgrading of laboratories with additional equipment, and renovation of laboratory space, as necessary. In addition, INH prophylaxis will be introduced at select CCCs and the congregate settings of Shimo-la-Tewa and other prisons. CTX prophylaxis will be introduced for all HIV infected TB cases. Therapeutic and supplementary nutrition will be provided to eligible TB/HIV patients. Planning, monitoring and supervisory mechanisms for collaborative activities will be strengthened at provincial, district and community levels. The capacity of select HIV/AIDS CBOs and local NGOs like Mkomani Clinic Society will be increased to integrate TB into their on-going HIV/AIDS activities. Low literacy materials on TB/HIV will be supplied. The private providers who cater for the lower socio-economic groups will be trained and linked to either the public HIV/AIDS and TB programs or the Gold Star Network whose target is paying clients in the private sector. An estimated 100 private providers will be trained on TB/HIV. Intensified TB screening for 20,000 HIV patients and HIV screening for 2500 TB suspects/patients will be offered as a standard of care in all the facilities; approximately 1250 TB patients will be identified as being infected with both TB and HIV.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

This APHIA II Coast TB/HIV care activity will provide clinical prophylaxis and treatment for TB to 2500 people and train 100 health workers in TB/HIV related activities in 50 health care facilities in Coast Province. These set of activities will contribute to the results of strengthened delivery of integrated HIV and TB services, including strengthened referral systems, improved diagnostics and treatment of TB among HIV -positive patients and of HIV in TB patients, and strengthened capacity of health workers to provide integrated HIV and TB services.

4. LINKS TO OTHER ACTIVITIES The APHIA II TB/HIV care activities relate to other APHIA II- Coast activities in AB, CT, OVC, Palliative Care: BHCS, ARV Services, Condom and Other Prevention, PMTCT, and strategic information.TB patients will be linked to HIV counseling and testing, prevention and treatment services.

5. POPULATIONS BEING TARGETED General population, health workers, and PLWHA with dual TB/HIV infections.

6. KEY LEGISLATIVE ISSUES ADDRESSED This activity will address gender, stigma and discrimination through its community activities.

7. EMPHASIS AREAS Major emphasis is training, with minor emphases in community mobilization/participation, development referral systems, local organizations capacity development, workplace programs, and IEC. APHIA II Coast with these additional Plus Up funds will intensify providerdriven DCT in health care settings seeking to enhance testing in TB diagnostic centres that currently do not provide ART services. These facilities are largely health centres and dispensaries that offer TB diagnostic services but are not providing ART. HIV positive patients identified via these activities will be referred to nearby treatment sites. This will complement the current DCT program that has intensified testing in facilities where both TB and ART services are provided

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9062

Related Activity: 14809, 14811, 14812, 14813

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20471	9062.20471. 09	U.S. Agency for International Development	Family Health International	9067	4913.09	APHIA II - Coast	\$350,000
9062	9062.07	U.S. Agency for International Development	Family Health International	4913	4913.07	APHIA II - Coast	\$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14809	8934.08	6948	4913.08	APHIA II - Coast	Family Health International	\$1,205,000
14811	9048.08	6948	4913.08	APHIA II - Coast	Family Health International	\$4,950,000
14812	8781.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000
14813	8813.08	6948	4913.08	APHIA II - Coast	Family Health International	\$4,900,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	50	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,250	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	200	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	2,500	False

Indirect Targets

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS

Coverage Areas

Coast

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 210.08 Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State) Budget Code: HVTB Activity ID: 17848.08 Activity System ID: 17848 Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: TB/HIV Program Area Code: 07

Planned Funds: \$75,000

Activity Narrative: PHE CONTINUING STUDY:

Project Title: Operational evaluation of a TB screening tool and implementation of the 2006 WHO guidelines for the diagnosis of smear-negative TB in HIV-infected persons in HIV care settings

Name of Local Co- Investigator: KEMRI and CDC

Project Description:

In high TB burden countries, a large proportion of HIV-infected persons may have undetected TB. A missed TB diagnosis increases mortality and the chances of the development of the immune reconstitution syndrome. A TB diagnosis is more complicated in HIV-infected persons. TB in HIV-infected individuals may be under-diagnosed due to lack of systematic searching and awareness by health providers, and also due to limitation/delays in available diagnostic methods. We propose to evaluate the systematic application of a simple TB case-finding screening tool and the implementation of the 2006 WHO-revised TB diagnostic algorithm to detect smear-negative TB among HIV-infected persons.

Timeline: FY 2008 = Year 2 of activity Year started: 2007 Expected year of completion: 2008

Funding: Funds received to date: \$150,000 [2007] Funds expended to date: \$0

Funds requested to complete the study: FY 08: \$75,000 Beyond FY08: None

Describe funds leveraged/contributed from other sources: Will partner with all programmatic TB/HIV activities in the facilities; Many activities and staff costs will be covered with ongoing TB and HIV program funds.

Status of Study: Protocol under development; anticipated submission date: September 2007

Lessons Learned: N/A

Information Dissemination Plan: Will provide feedback to the facilities and design interventions based on the results

Planned FY08 Activities: Implement protocol

Budget Justification for FY2008 Budget (USD):

 Salaries/ fringe benefits:
 \$20,000

 Equipment:
 \$5,000

 Supplies:
 \$10,000

 Travel:
 \$10,000

 Participant Incentives:

 Laboratory Testing:
 \$20,000

 Other:
 \$10,000

 Total:
 \$75,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17842, 14882

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17842	17842.08	6964	210.08		Kenya Medical Research Institute	\$62,000
14882	4091.08	6964	210.08		Kenya Medical Research Institute	\$2,879,695

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
People Living with HIV / AIDS	
-	

Coverage Areas

Nyanza

Table 3.3.07: Activities by Funding Mechansim

Prime Partner: Kenya Medical Research Institute

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 17849.08

Activity System ID: 17849

Activity Narrative: PHE CONTINUING STUDY:

Project Title: Prevalence of pulmonary tuberculosis and access to tuberculosis care in HIV infected and uninfected tuberculosis patients in Asembo and Gem, western Kenya.

Name of Local Co- Investigator: KEMRI, CDC, University of Amsterdam

Project Description:

Tuberculosis (TB) is an important cause of illness and death among HIV-infected individuals in Africa. In high HIV-prevalence areas like western Kenya, a majority of TB-cases are HIV co-infected and require additional treatment and care. Based on low tuberculosis case detection rates access to care for this group is regarded inadequate, but the magnitude of the problem requires further study, to guide efforts to increase access to care for co-infected persons. This study estimates the prevalence of pulmonary tuberculosis in a population with high HIV-prevalence and evaluates barriers to accessing treatment in TB-patients, especially those co-infected with HIV.

Timeline: FY 2008 = Year 4 of activity Year started: 2005 Expected year of completion: 2008 / early 2009

Funding: Funds received to date: \$ 1,600,000 Funds expended to date: \$1,060,000

Funds requested to complete the study: FY 08: None, requested; carry over funds from FY 07 will be used to cover the costs of completing the study during FY 08 Beyond FY08: None

Describe funds leveraged/contributed from other sources:

The Academic Medical Centre of the University of Amsterdam contributes the salary and travel costs of the Kenya based PI. The KEMRI Centre for Respiratory Diseases Research contributes towards the salary of 9 KEMRI employed staff who work the microbiology and radiology aspects of the project.

Status of Study:

Enrollment of study participants started on 31 July 2006. By 18 July 2007 enrollment was at 12,845 participants. The target of 20,000 is expected to be completed by the end of 2007. Of the enrolled participants, 95% provided the required sputum samples and 93% came for chest radiography at a mobile unit.. Fifty-two persons with active pulmonary TB were identified, most of whom were not on anti-TB treatment at the time of enrollment. Five study nurses continue to support MoH TB and HIV work in Bondo/Siaya districts and offer study participants diagnostic HIV testing and counseling (100% acceptance), TB treatment, and ART if applicable. For comparison purposes, self reported TB cases will be enrolled in a study on care-seeking behaviors and HIV status from August 2007 through 2008. Follow-up of treatment outcomes (including HIV treatment) will continue till end 2008 / early 2009.

In total 50 KEMRI staff were trained on study procedures, general knowledge on TB and disease control and ethical aspects of community based evaluation studies; 6 laboratory staff were trained on sputum smear diagnosis using fluorescent microscopy and sputum concentration methods. 25 field workers were trained on the use of PDA's (personal digital assistants) for data collection. 3 clinicians were trained on chest X-ray reading, including an ongoing chest radiography reading quality assurance program.

Lessons Learned:

Many lessons were learned on field operations, including best practices for community involvement and the use of mobile X-ray equipment in rural Kenya. Through interviews of identified TB cases and follow-up attempts on defaulters, we learnt important lessons about access to care of persons with pulmonary TB who were not on treatment at the time of study enrollment.

Information Dissemination Plan:

Two abstracts on study preparations were accepted/presented at the 37th International TB Conference 2006, and 3 abstracts were accepted for the 38th International TB Conference 2007. Final study results will be presented during oral presentations to the ministry of health (district and provincial level), national tuberculosis control program, the participating community, the local research community and at international forums, including written publications.

Planned FY08 Activities: Wind up of study activities and further dissemination of results.

Budget Justification for FY2008 Budget (USD): N/A - funds are not being requested for FY08.

HQ Technical Area:

New/Continuing Activity: New Activity

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$0

Continuing Activity:

Related Activity: 14878, 14882

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14878	4088.08	6964	210.08		Kenya Medical Research Institute	\$252,844
14882	4091.08	6964	210.08		Kenya Medical Research Institute	\$2,879,695
Emphasis Ar	reas					
PHE/Targetee	d Evaluation					
Food Support	rt					

Public Private Partnership

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS

Coverage Areas

Nyanza

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 210.08 Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State) Budget Code: HVTB Activity ID: 17850.08 Activity System ID: 17850 Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: TB/HIV Program Area Code: 07 Planned Funds: \$27,000

Activity Narrative: PHE CONTINUING STUDY:

Project Title: Evaluation of the Uptake of Antiretrovirals among TB Patients Referred to HIV Care and Treatment Sites in Nyanza Province, Kenya

Name of Local Co- Investigator: KEMRI and CDC

Project Description:

In Kenya, >100,000 TB cases occur annually; 60% of TB patients are HIV-infected. HIV testing among TB patients and cotrimoxazole provision has improved; however, only 30% of HIV/TB patients receive ART. To improve service delivery to co-infected patients, we will examine facilities providing ART and TB treatment and assess HIV testing rates and ART provision at TB clinics. We will explore/pilot models of HIV/TB integrated services that a) promote HIV testing among TB patients and TB screening among HIV patients, and b) investigate the feasibility of providing ART within TB clinics and TB treatment in HIV clinics.

Timeline: FY 2008 = Year 2 of activity Year started: 2007 Expected year of completion: 2008

Funding: Funds received to date: \$26,500 [2007] Funds expended to date: \$0

Funds requested to complete the study: FY 08: \$27,000 Beyond FY08: None

Describe funds leveraged/contributed from other sources: Will partner with all programmatic TB/HIV activities in the facilities; Most activities and staff costs will be covered with ongoing TB and HIV program funds.

Status of Study: Protocol under development; anticipated submission date: September 2007

Lessons Learned: N/A

Information Dissemination Plan: Will provide feedback to the facilities and design interventions based on the results

Planned FY08 Activities: Implement protocol

Budget Justification for FY2008 Budget (USD):

 Salaries/ fringe benefits:
 \$14,000

 Equipment:
 \$4,000

 Supplies:
 \$4,000

 Travel:
 \$5,000

 Participant Incentives:
 \$

 Laboratory Testing:
 \$

 Other:
 \$

 Total:
 \$

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17842, 14882

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17842	17842.08	6964	210.08		Kenya Medical Research Institute	\$62,000
14882	4091.08	6964	210.08		Kenya Medical Research Institute	\$2,879,695

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Discordant Couples
People Living with HIV / AIDS
Coverage Areas

Coverage Areas

Nyanza

Prime Partner:	International Rescue Committee	USG Agency:	HHS/Centers for Disease Control & Prevention		
Funding Source:	GHCS (State)	Program Area:	Palliative Care: TB/HIV		
Budget Code:	HVTB	Program Area Code:	07		
Activity ID:	12458.08	Planned Funds:	\$50,000		
Activity System ID:	14844				
Activity Narrative:	THIS IS AN ONGOING ACTIVITY. THE NAP REFERENCES TO TARGETS AND BUDGE		EXCEPT FOR UPDATED		
	1. LIST OF RELATED ACTIVITIES This activity relates to activities in Counselin Transmission (#6911), Palliative Care: Basic ARV Services (#6914).				
	2. ACTIVITY DESCRIPTION International Rescue Committee (IRC) will su Kakuma, Lokichogio and Lodwar in Rift Valle Intensified TB screening for 350 HIV patients standard of care in all the facilities; approxim TB and HIV. Funds will support refresher trai microbiology capacity in order to meet the in trained to provide clinical prophylaxis and/or expanded and strengthened delivery of integ systems. Additional activities will include com to patients. IRC will maintain data concerning and through the Emergency Plan.	Province, targeting both r s and HIV screening for 300 lately 150 patients will be ide ining of laboratory staff and creased needs for TB testin treatment for TB to HIV-infe rated HIV and TB services in munity mobilization and dis	efugee and local population. TB patients will be offered as a entified as being infected with both improvement of basic laboratory g. 10 health care workers will be ected individuals. Fund will support including strengthened referral esemination of educational materials		
	IRC has been implementing an HIV/AIDS prevention program and outreach to hard-to-reach populations and rural communities in this area since September 2001. They are uniquely suited to provide care in refugee situations and remote areas and will build on very substantial existing medical capacity in the camps. They have a strong relationship with the local mission hospital, relying on the hospital for operating theatres, OB/GYN care, and other services, and are already collaborating with the mission hospital to build capacity related to provision of basic health services for people with HIV. Targets are modest because of the extreme remoteness of these areas, and the challenges associated with conducting activities in the refugee camps.				
	3. CONTRIBUTIONS TO OVERALL PROGE These activities will contribute towards the pr patients care by reducing TB morbidity and r related morbidity and mortality in TB patients systems, improve diagnostics and treatment health workers to provide integrated HIV and	rovision of integrated HIV/TI nortality in HIV-infected indi co-infected with HIV. Thes of TB among HIV-positive p	viduals and also reducing HIV e activities will strengthen referral		
	4. LINKS TO OTHER ACTIVITIES The overall program activity links closely to F supported by this partner as well as HIV/TB				
	5. POPULATIONS BEING TARGETED These activities target people living with HIV, including doctors, nurses, pharmacists, labo management of TB using government guidel	ratory workers will receive tr			
	6. KEY LEGISLATIVE ISSUES ADDRESSE This activity addresses legislative issues rela sensitization activities.		ation through community		
	7. EMPHASIS AREAS This activity includes minor emphasis in com systems, community mobilization, human re- assurance, quality improvement and support	sources, local organization of	capacity development, quality		
HQ Technical Area:					
New/Continuing Activity:	Continuing Activity				
Continuing Activity:	12458				

Related Activity: 14840, 14843, 14845, 14846

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20520	12458.2052 0.09	HHS/Centers for Disease Control & Prevention	International Rescue Committee	9076	305.09		\$100,000
12458	12458.07	HHS/Centers for Disease Control & Prevention	International Rescue Committee	4235	305.07		\$25,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14840	4150.08	6956	305.08		International Rescue Committee	\$80,000
14843	4148.08	6956	305.08		International Rescue Committee	\$200,000
14845	4774.08	6956	305.08		International Rescue Committee	\$200,000
14846	4809.08	6956	305.08		International Rescue Committee	\$350,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	4	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	150	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	10	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	300	False

Target Populations

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
People Living with HIV / AIDS	
Refugees/Internally Displaced Persons	

Coverage Areas

Rift Valley

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 662.08 Prime Partner: International Medical Corps

Funding Source: GHCS (State)

Budget Code: HVTB

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Activity System ID: 14838

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS LARGELY UNCHANGED EXCEPT FOR

- + Linking TB screening with on-going home-based VCT in Suba District.
- + Expansion of HIV prevention, care and treatment activities for TB patients/suspects at all sites.
- + Expansion of TB screening for PLWHA and updated references to targets and budgets.

1.LIST OF RELATED ACTIVITIES

This activity relates to activities in CT (#6907) and PMTCT (#6906).

2.ACTIVITY DESCRIPTION

In FY 2008, IMC will further expand HIV care, treatment and prevention services for TB patients/suspects on one hand and TB screening for PLWHA on the other at all sites in Nairobi Province (Kibera Slums), Nyanza Province (Suba District) and Coast Province (Tana River and Taita-Taveta Districts. IMC complements national efforts to deliver essential services for hard-to-reach high-risk populations with limited access to health services in these three Provinces. In Nairobi, IMC serves a needy low-income population in the Nairobi slums. In Nyanza, IMC provides essential TB/HIV care to needy mainly fishing communities in Suba District mainland and several islands in Lake Victoria with high TB and HIV rates. In Coast Province, IMC will build on its investments on health staff training and on infrastructure to complement efforts of other TB/HIV partners to achieve regional targets. IMC will adopt a similar approach in Nyanza and Nairobi Provinces. In Suba District where IMC has started an innovative and successful home-based VCT program, which will be linked to care and treatment services in the next phase. TB screening for HIV+ clients will be initiated and expanded as part of the basic care package. IMC will build on these expanded activities to establish complementary partnerships and better patient referral networks with other PEPFAR programs, other partners and local PLWHA organizations at all sites. In line with overall TB/HIV program priorities, IMC will target at least 50% of PLWHA screened for TB, at least 50% access to ART and universal access to cotrim for those who qualify. Other specific TB/HIV activities will include expanded diagnostic HIV testing for all TB patients and increased access to HIV prevention targeting the families and sexual partners of those testing HIV+. Other activities will include strengthening community participation and ownership, improving delivery of DOTS at community and household levels, tracing TB treatment defaulters, strengthening referral linkages between TB and HIV programs, improving infrastructure and expanding training of health workers.

3.CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will result in strengthened delivery of integrated HIV and TB services, including strengthened referral systems, improved diagnostics and treatment of TB among HIV-positive patients and of HIV in TB patients, strengthened capacity of health workers to provide integrated HIV and TB services and strengthened capacity for program monitoring, evaluation and management of commodities.

4.LINKS TO OTHER ACTIVITIES

These TB/HIV activities will be integrated with ongoing VCT (#6907), PMTCT (#6906) and STI and ARV treatment services in the respective Provinces in support of the national programs.

5. POPULATIONS BEING TARGETED

These activities will target TB suspects and PLWHA

6.EMPHASIS AREAS

These include facility renovations, local organization capacity development and human capacity development (in-service training, task shifting, staff retention activities).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6905

Related Activity: 14836, 14839

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6905	4238.07	HHS/Centers for Disease Control & Prevention	International Medical Corps	4234	662.07		\$450,000
4238	4238.06	HHS/Centers for Disease Control & Prevention	International Medical Corps	3256	662.06		\$350,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14836	4239.08	6955	662.08		International Medical Corps	\$330,000
14839	4772.08	6955	662.08		International Medical Corps	\$1,200,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	72	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,500	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	400	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	5,500	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Coverage Areas			
Coast			
Nairobi			
Nyanza			

Mechanism ID: 521.08

Prime Partner: Indiana University

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 4235.08

Activity System ID: 14829

Mechanism: USAID-AMPATH Partnership

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$1,200,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. HOWEVER, THE NARRATIVE HAS BEEN SUBSTANTIALLY CHANGED TO REFLECT THE FACT THAT THIS ACTIVITY IS UNDER COMPETITION AND NO AWARDS HAVE BEEN MADE YET

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8758), ARV Services (#6899, #7004), Palliative Care: Basic Health Care and Support (#6901) and PMTCT (#6898).

2. ACTIVITY DESCRIPTION

This activity will support the services previously implemented by the Academic Model for the Prevention and Treatment of HIV/AIDS (AMPATH). AMPATH was a broad initiative by Moi University School of Medicine (MUSM), Moi Teaching and Referral Hospital (MTRH), Indiana University School of Medicine (IUSM) and other US academic medical centers. Moi University Faculty of Health Sciences (MUFHS) is one of two schools of medicine, nursing and public health in Kenya, now providing medical and health education to over 700 students. Indiana University School of Medicine collaborated with MUFHS since its inception in 1990. By July 2007, AMPATH had a total of 19 HIV/AIDS care clinics and screening programs, including Moi Teaching and Referral Hospital, six district hospitals (Kabarnet, Busia, Webuye, Teso, Kapenguria, and Kitale), and eleven rural health centers (Mosoriot, Turbo, Burnt Forest, Amukura, Chulaimbo, Naitiri, Khunyangu, Port Victoria, and Mount Elgon). The overall objective of the HIV/TB care project is to demonstrate a decreased prevalence of TB in all areas served and integrate care of co-infected patients into a comprehensive program that meets the objectives of the National Tuberculosis and Leprosy Program [NLTP] and NASCOP. To meet these objectives, the activity will implement the following interventions; a) Case Finding: Expand the very successful case finding model just completed in Uasin Gishu District to all clinic communities. The model deploys community-based cough monitors who are dually trained at sputum collection and diagnostic counseling and testing (DTC) for HIV. Intensified TB screening for 37500 HIV patients and HIV screening for 8000 TB suspects/patients will be offered as a standard of care in all the facilities; approximately 4000 TB patients will be identified as being infected with both TB and HIV. In combination with improved training of MOH laboratory personnel and patient follow up, this model has demonstrated very cost-effective case finding and over 90% adherence through completion of TB treatment. In addition, DTC is provided to all TB infected patients. All co-infected patients are referred to the nearest HIV/TB clinic for care. b) Care of the co-infected: project physicians and clinical officers will provide comprehensive HIV/TB management in all clinics. All providers will undergo additional training on NLTP guidelines and all national registration and reporting procedures will be observed. NLTP staff will be integrated into the clinic in an effort to improve reporting and patient convenience. Providers with additional expertise in managing the co-infected patient will be available to all clinics for consultation. The project is expected to implement a Medical Record System that provides electronically generated patient care reminders and alerts in an effort to assure uniform performance and adherence to national guidelines for both HIV and TB care. c) Contact tracing and outreach: In an effort to further reduce the prevalence of active TB surrounding project service areas, an active program of contact tracing will be initiated. Home visits will be offered to all co-infected patients and a dually trained DTC/cough monitor to perform home rapid testing for HIV and sputa collection for AFB smear will do the visit. In addition, a cough monitor in the field will visit the index patient every two weeks to check on adherence and provide health information. Where necessary, the cough monitor will provide transport support for all HIV infected patients and their children to the nearest TB/HIV clinic.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will lead to the identification and care of 8,000 TB/HIV co-infected patients in the MUSM service areas by September 2009, thus contributing to 9% of the national target in this program area. These activities will contribute to the results of expansion of ARV treatment for clinically qualified TB/HIV co-infected patients, as well as regular screening of HIV positive patients for TB infection.

4. LINKS TO OTHER ACTIVITIES

These activities support and link to the network center at Moi Teaching and Referral Hospital, and link to other services such as Counseling and Testing (#8758), ARV Services (#6899, #7004), Palliative Care: Basic Health Care and Support (#6901) and PMTCT (#6898) supported primarily by this partner.

5. POPULATIONS BEING TARGETED

The main populations being targeted by this activity are TB/ HIV co-infected patients and health workers.

6. EMPHASIS AREAS

The main emphasis areas are task shifting by use of community-based cough monitors who are dually trained at sputum collection and diagnostic counseling and testing (DTC) for HIV. A minor emphasis area is training for health workers.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6900

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20501	4235.20501. 09	U.S. Agency for International Development	Indiana University	9073	521.09	USAID- AMPATH Partnership	\$1,150,000
6900	4235.07	U.S. Agency for International Development	Indiana University School of Medicine	4230	521.07		\$1,350,000
4235	4235.06	U.S. Agency for International Development	Indiana University School of Medicine	3254	521.06		\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14827	4233.08	6953	521.08	USAID-AMPATH Partnership	Indiana University	\$600,000
14828	5103.08	6953	521.08	USAID-AMPATH Partnership	Indiana University	\$2,000,000
14830	12474.08	6953	521.08	USAID-AMPATH Partnership	Indiana University	\$300,000
14831	8758.08	6953	521.08	USAID-AMPATH Partnership	Indiana University	\$500,000
14832	4234.08	6953	521.08	USAID-AMPATH Partnership	Indiana University	\$6,800,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	19	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	4,000	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	200	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	8,000	False

Indirect Targets

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS

Coverage Areas			
Rift Valley			
Western			
Nyanza			

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 4076.08

Prime Partner: US Centers for Disease Control and Prevention Funding Source: GHCS (State)

Tunding Source. Shoo (old

Budget Code: HVTB

Activity ID: 18038.08

Activity System ID: 18038

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$190,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED, BUT THIS YEAR'S CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHAI.

1.LIST OF RELATED ACTIVITIES

This activity relates to all other activities in the Palliative Care (HBHC): TB/HIV program area

2.ACTIVITY DESCRIPTION

CDC Kenya staff provide an intensive level of technical assistance and programmatic guidance on the integration of TB and HIV activities in partnership with the National Leprosy and TB Program (NLTP), the National AIDS and STI Control Program (NASCOP), other USG agencies (USAID and DOD), WHO, nongovernmental organizations, faith-based organizations, private practitioners and other implementing partners involved in TB/HIV activities. CDC staff re active leaders in the National TB/HIV coordinating committee and are assisting the Ministry of Health to coordinate the roll-out of routine HIV testing for TB patients/suspects, TB screening for HIV+ individuals and provision of additional HIV-related care (prevention of opportunistic infections, ARV therapy) for HIV+ TB patients. In FY 08, there will be greater involvement of technical staff in promoting greater horizontal collaboration across all Emergency Plan programs in the context of identified key themes: universal access to HIV prevention, universal access to basic HIV care package (this includes TB screening for PLWHA, universal access to HIV counseling and testing, greater attention to quality of care and the needs of the child either infected or affected by HIV. TB/HIV section staff, who include three Kenyan physicians, one laboratory technologist (funded separately under the Laboratory Program), and three support staff, are instrumental in developing project protocols and conducting public health evaluations designed to improve care and prevention of HIV-related TB in collaboration with the above partners. There will be greater involvement of the same staff in assisting Kenya adequately respond to the emerging threat of MDR-TB through improvement of infrastructure, establishment of a strong MDR-TB surveillance system and promotion of best clinical, laboratory and information management practices. The same staff will continue to provide technical support to TB/HIV programs in Southern Sudan and elsewhere depending on need. CDC Kenya staff also provide best practice training and guidance to medical staff, including assistance to the Ministry of Health in developing and evaluating TB/HIV training curricula and guiding the agenda for the national, regional and more localized TB/HIV coordinating bodies. Other technical assistance to the NLTP includes collection, analysis, and dissemination of national TB/HIV data. The same staff are involved in the piloting of electronic TB/HIV registers, the development and evaluation of data collection instruments (e.g. use of personal data assistance (PDA), and monitoring and evaluation of TB/HIV collaborative activities across the country. CDC Kenya professionals assist with the formulation of national policies and guidelines on HIV/TB matters. This budget includes support for 7 CDC Kenya staff, 6 weeks of technical assistance from CDC Atlanta and other African countries in the coming financial year, and a considerable amount of in-country travel for supervision of project activities and supply of essential commodities such as HIV test kits and cotrimoxazole. CDC Kenya staff supervise and monitor the use of USG funds in all CDC supported projects dealing with TB/HIV activities.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 8680.08

Prime Partner: KNCV TB Foundation

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 19437.08

Activity System ID: 19437

Activity Narrative:

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Mechanism: N/A USG Agency: U.S. Agency for International Development Program Area: Palliative Care: TB/HIV Program Area Code: 07

Planned Funds: \$900,000

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	9253.08	Mechanism:	APHIA II - Nairobi
Prime Partner:	Pathfinder International	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)	Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB	Program Area Code:	07
Activity ID:	21268.08	Planned Funds:	\$250,000
Activity System ID:	21268		
Activity Narrative:	Updated August 2008 reprogramming.	Activity narrative in separate file	(per OGAC guidance).
HQ Technical Area:			
New/Continuing Activity:	New Activity		
Continuing Activity:			
Related Activity:			

HKID - OVC	
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08

Total Planned Funding for Program Area: \$45,953,696

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$62,730
Estimation of other dollars leveraged in FY 2008 for food	\$1,156,308

Program Area Context:

HKID Program Narrative COP 2008

Key Result 1: 431,500 Orphans and Vulnerable Children (OVC) cared for.

Key Result 2: 42,310 providers/caregivers trained in caring for OVC.

CURRENT PROGRAM CONTEXT AND STATISTICS

The AIDS epidemic has had a particularly devastating effect on children, making them a critical priority for both Kenya and PEPFAR. There are an estimated 1.8 million OVC in Kenya (Demographic and Health Survey, 2003). The number is expected to rise to 2.3 million by 2010 despite the introduction of antiretroviral treatment.

As communities struggle with supporting an increasing number of OVC, the Emergency Plan (EP), in partnership with the Government of Kenya (GOK) and a growing network of faith- and community-based organizations, continues to strengthen existing systems to ensure OVC are provided with essential services.

SERVICES

The most vulnerable OVC are those who are HIV+. EP OVC partners will continue to make this population a priority in their program development and implementation. As pediatric treatment is scaled-up, providers increasingly report frustration with the challenge of having to educate and re-educate the caregivers of children. HIV+ OVC may not have one consistent caregiver and, thereby, may be accompanied by any number of different relatives or other caregivers to each clinical visit. This inconsistency leads to longer-than-necessary clinic interactions, increased frustration for pediatric providers, and likely contributes to sub-optimal care of children. The "accompagnateurs" program was introduced to the EP OVC portfolio in 2007 with the objective of providing support for better clinical outcomes for HIV+ children. In 2008, five partners will continue the program to address these concerns, test optimal approaches, and prepare for rapid scale-up. Other OVC partners will continue to be proactive in 2008 in identifying HIV+ children through partnership with counseling and testing providers to test children in their OVC programs to ensure early access to clinical care and treatment linked with quality psychosocial care and other essential services.

HIV- OVC are at heightened risk for HIV due to vulnerabilities stemming from acute levels of poverty and an absence of adult guidance, especially on issues of sexuality. The EP has made it a priority for 2008 to ensure every OVC participates in ageappropriate HIV education and prevention programs, whether offered by OVC partners or through linkages with AB/OP partners. This new initiative will aim to reduce the long-term vulnerability of children in OVC programs and to extend services past the provision of material goods to ensure a healthy generation of children in Kenya.

In 2008, the PEPFAR OVC program through its partners will continue to extend services to remote and hard-to-reach areas. In Northeastern Province, we will scale up community-based strategies with Islamic partners focusing on pastoralist populations. Community-based organizations in these areas have developed creative strategies to ensure OVC in hard-to-reach areas receive quality and comprehensive programs in accordance with national OVC guidelines.

In 2007, the Kenya OVC program began a process of enhancing service quality by ensuring all implementing partners supported a minimum of four of the seven essential services (including prevention) for children enrolled in their programs. This process will continue in 2008 in order to ensure all children receive an increased number of essential services. These services will be provided as part of the comprehensive program of care through collaborative efforts with other stakeholders at the community level who have concern for OVC in their mission or mandate. Program implementation will be strengthened by equipping communities to train local leaders, members of affected families, and caregivers in meeting specific needs of OVC.

In 2008, partners will continue to bolster and support programs for all OVC that focus on reducing the long-term negative psychological effects that orphanhood may have on a child. Creatively and collaboratively developing a standard of psycho-social care for OVC will guide other OVC providers in the provision of quality mental health services.

Also in 2008, communication messages/materials on issues affecting OVC will be more widely disseminated. This activity will continue to accurately inform and create awareness on issues that specifically pertain to OVC and their caregivers. While no direct targets will be established, greater numbers will be knowledgeable about issues affecting OVC and more OVC and caregivers will be reached indirectly.

POLICY

The Emergency Plan will also indirectly support most OVC in Kenya by working on policy change and systems strengthening at the national level. In 2008, activities will expand to include working with the Sexual Offences Bill Task Force to address sexual protection issues of OVC. This will be done through training of local community organizations, health providers, local religious leaders, prosecutors, magistrates, and local law enforcement officers. The Task Force will be strengthened to disseminate and interpret the Bill to grassroots level. The Health Policy Initiative will continue to work with the Department of Children's Services (DCS) to build capacity of Provincial and District Children's Officers to be able to monitor and follow up on sexual violation and rape cases within the law enforcement system. This will create a supportive social and policy environment for OVC and caregivers in accessing basic health services.

WORK OF HOST GOVERNMENT AND OTHER IMPLEMENTING PARTNERS

The National Plan of Action for OVC in Kenya articulates that children under any OVC program must receive certain essential services to minimize the impact of HIV on their well-being. PEPFAR Kenya endorses this approach, which conforms to PEPFAR OVC guidance, and will follow both to ensure every child is directly served either through primary or supplemental support. The Department of Children's Services (DCS), UNICEF, World Bank, and DFID work collaboratively to provide conditional cash transfers to OVC caregivers as well as to support NGOs and CBOs to ensure essential OVC services are met. The DCS and USG work closely through the Interagency Technical Teams and the OVC National Steering Committee to provide national level guidance and leadership to define OVC work in Kenya.

Program Area Downstream Targets:

8.1 Number of OVC served by OVC programs	442500
*** 8.1.A Primary Direct	442500
*** 8.1.B Supplemental Direct	0
8.2 Number of providers/caregivers trained in caring for OVC	43510

Custom Targets:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	7792.08	Mechanism:	New Partners Initiative
Prime Partner:	Christian Reformed World Relief Committee	USG Agency:	U.S. Agency for International Development
Funding Source:	Central GHCS (State)	Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID	Program Area Code:	08
Activity ID:	17557.08	Planned Funds:	\$0
Activity System ID:	17557		

Activity Narrative: THIS IS A NEW ACTIVITY.

1. LIST OF RELATED ACTIVITIES

CRWRC's activities in this program area are closely linked with its other activities under the Palliative Care program area. In many cases the OVC identified to receive care will be residing in households where there is also a person living with AIDS who is receiving palliative care.

2. ACTIVITY DESCRIPTION

In partnership with three faith-based organizations in Kenya, namely; Western Region Christian Community Services, an agency of the Anglican Church of Kenya, will implement the program in all eight districts of the Western Province. KAMATAKIMO, which is also an agency of the Anglican Church, will target Kitui and Mwingi districts in Eastern Province. Plateau Mission Hospital, an agency of the Reformed Church of East Africa, will target Uasin Gishu district in Rift Valley Province. Christian Reformed World Relief Committee (CRWRC) will engage with church and community leaders to raise their awareness about the needs of OVC in their communities and will provide training and assistance to them as they establish community committees will provide care to 6,100 OVC and train at least 1,200 caregivers to care for OVC.

Under this program, community committees will expand services to additional OVC. These committees enable caregivers to form caregiver groups and ensure that they are getting the needed support from community members and religious bodies. In FY 2008, the program plans to reach and support 6,100 OVC.

CRWRC and its partners will scale up their current OVC program by identifying 6,100 new OVC and their caregivers. Caregivers will be trained using the Our Children manual (developed by World Relief), which is effective for inspiring and mobilizing churches and communities and teaching the essential principles of orphan care and support by portraying experiences and lessons learned by church members and community volunteers involved in OVC care and support. A total of at least 1,200 caregivers will be trained and supported to meet the needs of OVC in the program. The program will support OVC by linking them to health facilities, providing them with home-based care, and empowering them with advocacy, education about prevention, linkages to legal services, and providing access to nutritious food and skills in agriculture (bio-intensive farming) and animal husbandry. The program will also mobilize church and community groups to provide food contributions to OVC. Partners will mobilize OVC committees to source for relief food from government and other agencies in their areas. An inventory of OVC in each community will be created during the first two quarters of each year and home visit schedules will be developed for staff and volunteers to visit OVC homes. Following the training, caregiver support groups will be initiated.

3. CONTRIBUTIONS TO OVERALL PROGRAM

This activity will contribute toward the 5-year target of providing care to 10 million people infected or affected by HIV/AIDS. OVC care activities have been designed to enhance community ownership and build local capacity for long-term sustainability of OVC care services. OVC are supported within family and community structures as opposed to institutional care. There is an emphasis on strengthening the capacity of families to cope with their problems and on increasing the support offered to these households by other members of the community or church congregation.

4. LINKS TO OTHER ACTIVITIES

CRWRC and its partners are committed to work alongside the OVC National Steering Committee and the Government of Kenya to bring comprehensive support to OVC to scale by working closely with the children's department in all the three partner locations as is the case with the World Concern OVC program. Partners will be encouraged to participate in monthly Children's Department meetings where applicable and collaborate with the said departments in the marking of The Day of the African Child, World AIDS Day and any other important events as advised by the Department.

5. POPULATIONS BEING TARGETED

CRWRC and its partners will scale up OVC care services in all eight districts of the Western Province, Kitui and Mwingi districts in Eastern Province, and Uasin Gishu district in Rift Valley Province. And thus CRWRC and its partners will reach 6,100 new OVC, up from 2,300 from the same partner sites in previous years under the OVC program.

The program is targeting OVC aged 0 to 17 years (boys and girls), including child-headed households. An inventory of OVC will be created by the community committees and the caregivers will provide the needed care and support based on the needs as highlighted during the inventory process.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues are included in the emphasis areas described in section 7 below.

7. EMPHASIS AREAS

The program will also focus on increasing women's access to income and productive resources through some of the activities targeted at female youth. To ensure sustainability beyond the life of the project for OVC in child-headed families, the program will coordinate with wraparound programs in economic strengthening to channel funding to support vocational training and income generating activities for the 10-17 year old children. The program will also train OVC and caregivers regarding children's rights so that needy OVC can seek legal support to repossess property and assets. CRWRC and its partners will also focus on human capacity development through in-service training of caregivers. Lessons on volunteer retention will be drawn from the ongoing OVC and other development programs. Other emphasis areas to be addressed by this program area include CRWRC's on-going local organization capacity building of the three partner organizations and coordination of the health management information system for tracking services provided to OVC. This program is funded through the New Partner Initiative.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17558	17558.08	7792	7792.08	New Partners Initiative	Christian Reformed World Relief Committee	\$0
15067	5467.08	7030	3729.08	Support to Ophans and Vulnerable Children Affected by HIV/AIDS	World Concern	\$426,896

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources
- * Increasing women's legal rights

Human Capacity Development

- * Training
- *** In-Service Training
- * Retention strategy

Local Organization Capacity Building

New Partner Initiative (NPI)

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	6,100	False
8.1.A Primary Direct	6,100	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	1,200	False

Target Populations

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
Orphans and vulnerable children	
People Living with HIV / AIDS	
Religious Leaders	

Eastern
Rift Valley
Western

Coverage Areas

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 9253.08

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 21432.08

Mechanism: APHIA II - Nairobi USG Agency: U.S. Agency for International Development Program Area: Orphans and Vulnerable Children Program Area Code: 08 Planned Funds: \$1,650,000 Activity System ID: 21432

Activity Narrative: updated August 2008 reprogramming.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	521.08	Mechanism:	USAID-AMPATH Partnership
Prime Partner:	Indiana University	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)	Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID	Program Area Code:	08
Activity ID:	12474.08	Planned Funds:	\$300,000
Activity System ID:	14830		
Activity Narrative:	THIS IS AN ONGOING ACTIVITY. THE	NARRATIVE HAS BEEN UPD	ATED TO REFLECT CHANGES.
	This activity was begun with 2007 plus-u between clinical and household settings AED/Capable Partners, for real-time sha approaches in preparation for scale-up.	for HIV+ children. All sites mee	t regularly with a sixth entity,
	The Mwangalizi model is being tested in care for HIV+ OVC was difficult in many by different relatives or community mem of children.	instance because they were acc	companied to different clinic visits
	Central to the approach is recruitment of accompany pediatric patients to all clinic available. These "accompagnateurs" wil complications, remunerated for their tim consumption. They will also be expecte household, assess the social environme identify a household or community conta being a treatment advocate for the child	c visits when a consistent caregively be trained to be on watch for determined to be on watch for determined to develop an ongoing and supert and refer for needed services act who can be prepared to assu	ver from the household is not evelopment of side effects or e visits to monitor medication oportive relationship with the OVC , and seek wherever possible to
	Sites were carefully selected to represer Deanery, Coptic, and Bomu), peri-urban communities. Standard measures of ho accompagnateur, accompagnatuer satis participating in the program will be track treatment activities.	(AMPATH/Eldoret, Bomu) and r usehold and clinician satisfactio sfaction with the experience, and	rural (Kericho District Hospital) n with the value-added by the clinical progress of OVC
HQ Technical Area:			
New/Continuing Activity:	Continuing Activity		
Continuing Activity:	12474		
Related Activity:	14828, 14906, 15038, 14774,		

Related Activity: 14828, 14906, 15038, 14774, 14948, 14718, 14832

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20502	12474.2050 2.09	U.S. Agency for International Development	Indiana University	9073	521.09	USAID- AMPATH Partnership	\$1,000,000
12474	12474.07	U.S. Agency for International Development	Indiana University School of Medicine	4230	521.07		\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14828	5103.08	6953	521.08	USAID-AMPATH Partnership	Indiana University	\$2,000,000
14774	12477.08	6943	282.08		Eastern Deanery AIDS Relief Program	\$250,000
15038	12475.08	7020	483.08		University of Washington	\$150,000
14718	4947.08	6920	441.08	Capable Partners	Academy for Educational Development	\$4,300,000
14948	12476.08	6984	286.08		New York University	\$150,000
14906	12478.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$300,000
14832	4234.08	6953	521.08	USAID-AMPATH Partnership	Indiana University	\$6,800,000

Emphasis Areas

Human Capacity Development

- * Training
- *** Pre-Service Training
- * Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	200	False

Target Populations

Other

Orphans and vulnerable children People Living with HIV / AIDS

Coverage Areas		
Nyanza		

Western

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3727.08 Prime Partner: Hope Worldwide Funding Source: Central GHCS (State) Budget Code: HKID Activity ID: 5460.08 Activity System ID: 14816 Mechanism: ANCHOR

USG Agency: U.S. Agency for International Development Program Area: Orphans and Vulnerable Children Program Area Code: 08

Planned Funds: \$450,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to an activity in Counseling and Testing (#6894).

2. ACTIVITY DESCRIPTION

HOPE Worldwide Kenya (HWWK) will continue to scale up its work in Mukuru Slums and other underserved areas where it has strong partnerships with local community stakeholders and entry points into OVC care and support. In 2007 work was extended to Mathari, near Huruma, and Maringo. The work in Mathari is in collaboration with the Rotary Club of Nairobi. Work in Maringo was born out of collaboration with the Area Advisory Council whereby the need for work in this area was identified. Related to work being done with youth in Makindu, youth have been trained in Psychosocial Support and development of Kids Clubs. In 2007 the OVC work linked with the USAID funded ABY programs in Huruma, Dandora, Muchatha, Gachie, and Makadara to focus on development of Kids Clubs in the schools that have ABY programs. HWWK will continue to upscale the work being done in the Mukuru Slums where it has strong partnerships with local community stakeholders and entry points into OVC care and support. In 2007 work progressed within the 3 villages of Kwa Ruben, Kwa Njenga and Lunga Lunga and is provided direct support to 651 OVC through Kids Clubs and Support Groups. Indirect support was given to over 500 children through trainings in PSS and Kids Clubs in Mukuru, Mathari, and Makadara. In 2007 HWWK continued to facilitate direct support to OVC through capacity building of local CBOs, NGOs, FBOs, Community Leaders, and Schools, and Rotary partnerships, with a target of direct support to 1,000 OVC. Community stakeholders will be incorporated into the process of establishing these support mechanisms to increase effectiveness through community ownership and participation. HWWK will work closely with the Department of Children's Services through Provincial and District Children's Officers and Area Advisory Councils. This will facilitate a mechanism for identification of the most needy OVC and caretakers for training and support. Close collaboration will be maintained with local VCT and PMTCT centers, as well as with community health clinics, schools and FBOs, and other relevant care and social services. Rotary Clubs, and HWWK staff and volunteers will be actively engaged in providing community support, including identification of resources and staff to sustain activities. Partners will help establish links with vocational training sites to support older OVC with skills training, mentoring, and apprenticeships. HWWK will work closely with the Department of Children's Services (DCS) to provide training in PSS and Kids Clubs to caretakers, teachers, and others where the DOCS is providing support through the Cash Transfers for support of OVC. Currently HWWK is working with 191 caregivers in Mukuru Slums who care for 651 children. Through 2008 the goal is to continue strengthening this group and increasing their capacity to train, educate, and build the capacity of themselves and other caretakers in their communities. Focus is on maintaining quality of service provision to the caretakers, children, and ultimately to the communities. In 2007 400 staff, caretakers, and organizational members were trained in caring for OVC. HWWK staff and volunteers have experience in community mobilization approaches and will continue to facilitate skills-building workshops in communities on Capacity-Building Strategies. Key national, local and community representatives will be invited to participate in the workshops so as to gather their insight on appropriate approaches to program implementation. This will help consolidate buy-in, collaboration, establish communication channels and promote OVC and youth participation. Experienced local HWWK trainers will use participatory and outcomebased training methodologies. Topics will include those such as global and country specific overview of statistics and projections of the HIV/AIDS epidemic and its impact on children and families; 'Best Practice' strategies for developing and strengthening effective community-based OVC responses; transferring of technical skills needed to carry out the methodological framework for developing competent communities; and identify other partner training needs around OVC issues. In 2007 HWWK provided 2 sub-grants to NGOs who have a focus on child care with the primary goal of strengthening community and household responses. HWWK will provide technical assistance to sub recipients on organizational capacity development and programmatic issues. Regular mentoring and feedback sessions will be held to review program progress, effectiveness, and level of potential sustainability. The 2008 goal is to reach 8,000 children. This will be done through services provided through the Kids Clubs, trained caregivers and providers, community partner organizations, and OVC served through sub grants. A big focus will be on integration and coordination between community-based agencies, and combined coordinated efforts with community leaders and stakeholders, and the government of Kenya, donors, and civil society.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

HWWK's 5 year goal for the number of OVC reached is 25,300. In 2008, HWWK will reach 8,000 OVC and train 600 caregivers inclusive of community leaders, volunteers, community stakeholders, and partner organizations.

4. LINKS TO OTHER ACTIVITIES

Services will be linked to VCT through HWWK youth programs in the targeted communities, local schools, clinics, and service organizations.

5. POPULATIONS BEING TARGETED

Activities target children and families infected and or affected in the community. Also caregivers and providers of care to the OVC, community based organizations and NGO's who provide service and care to OVC, and community health care providers, leaders, and stakeholders.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Issues include increasing gender equity in the HIV/AIDS programs and increase in women's access to income and productive resources.

7. EMPHASIS AREAS

Major emphasis in this program is on training caregivers/ providers, and the community, to care for OVC. Minor focus will be community mobilization and human resources.

Continuing Activity: 6891

Related Activity: 14815, 14964

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20481	5460.20481. 09	U.S. Agency for International Development	Hope Worldwide	9069	3727.09	ANCHOR	\$342,977
6891	5460.07	U.S. Agency for International Development	Hope Worldwide	4227	3727.07	ANCHOR	\$311,228
5460	5460.06	U.S. Agency for International Development	Hope Worldwide	3727	3727.06	ANCHOR	\$208,929

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14815	5538.08	6949	3727.08	ANCHOR	Hope Worldwide	\$425,000
14964	8976.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$750,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Estimated PEPFAR dollars spent on food	\$33,230
Estimation of other dollars leveraged in FY 2008 for food	\$8,308

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	8,000	False
8.1.A Primary Direct	8,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	600	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children People Living with HIV / AIDS Religious Leaders

Teachers

Coverage Areas

Nairobi

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	353.08	Mechanism:	TBD
Prime Partner:	Internews	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)	Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID	Program Area Code:	08
Activity ID:	9076.08	Planned Funds:	\$100,000
Activity System ID:	14849		

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This Internews/Local Voices Orphans and Vulnerable Children activity relates to activities in HIV/AIDS Treatment services (#6915), Policy Analysis and Systems Strengthening (#6918), and PMTCT (#6916), Counseling and Testing (#6917) and Blood safety (#8705).

2. ACTIVITY DESCRIPTION

This activity will organize two workshops for 8 radio journalists on OVC issues as well as two training sessions in effective media relations for 8 NGOs working in OVC issues. Media can be a powerful force in raising awareness, building knowledge and influencing public opinion. USAID's Local Voices project, implemented by Internews Network, has increased the use of these mass media channels to disseminate information about prevention and care and supporting radio journalists in HIV reporting of such issues as OVC. These training sessions will result in 16 radio features about OVC. In addition, Internews will conduct similar courses for television staff. They will conduct seminars and follow up assistance for TV journalists to help them produce higher quality stories on OVC. Through training and a media resource center, better knowledge of OVC issues by journalists and talk show hosts can dispel rumors, misinformation, and increase demand and support for OVC. By training 4 TV journalists and 4 camera operators, at least eight features on prime time TV will reach 4.5 million viewers, increasing demand for OVC services. The training will include a TOT program for six long-term media trainers with a focus on those in academic institutions such as the Kenya Institute for Mass Communications. This TOT will train lectures, incorporating coverage of OVC issues into on-going curricula. The training program will be supported by on-going mentoring as well as 4 travel grants, 2 for TV and 2 for radio. This activity will result in the expansion of television and print media with a specialty in HIV/AIDS journalism. The media can be a powerful force for raising awareness, building knowledge, and influencing public opinion. It has a critical role to play in helping to create an enabling environment for social change. The proposed activity will build on the Internews' current efforts to train and equip the broadcast media to play this essential role. Up until FY 2005 Internews organized and presented trainings on HIV/AIDS feature reporting for radio professionals and some TV journalists; in FY 2006 Emergency Plan funds supported the expansion of support to include television and the print media in the country, with the launch of the television in November 2006.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Internew's Network's program addresses the important function of increased media awareness and accurate reporting of HIV/AIDS nationwide and contributes to Kenya's 5-Year focus on greater transparency and understanding of HIV/AIDS among policy makers and the general population.

4. LINKS TO OTHER ACTIVITIES

This activity links to all other activities within the Orphans and vulnerable children program area and is also linked to activities in HIV/AIDS Treatment services (#6915), Policy Analysis and Systems Strengthening (#6918), and PMTCT (#6916), Counseling and Testing (#6917) and Blood safety (#8705).

5. POPULATIONS BEING TARGETED

The activity targets broadcast journalists, who in turn effectively reach policy makers and the general population. Other targeted populations include community and religious leaders and Groups/Organizations which include community-based and faith-based organizations.

6. KEY LEGISLATIVE ISSUES ADDRESSED The key legislative issue addressed is stigma and discrimination.

7. EMPHASIS AREAS

This activity has a major emphasis on local organization capacity building and a minor training emphasis.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9076

Related Activity: 14957, 14964, 14965, 14806, 14812, 14813, 14861, 14867, 14868, 14703, 14704, 14777, 14784, 14785, 14788, 14797, 14803, 14804, 14992, 14998, 14999, 16334, 16331, 16337, 16333, 16326, 16339

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20529	9076.20529. 09	U.S. Agency for International Development	Internews	9077	353.09	Voices in Health	\$100,000
9076	9076.07	U.S. Agency for International Development	Internews	4236	353.07	Local Voices	\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14777	8734.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$650,000
14806	8764.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000
14797	8733.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$3,000,000
14861	8752.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,300,000
14957	8729.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$425,000
14992	8738.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$2,300,000
14998	8777.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$1,100,000
14964	8976.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$750,000
14703	8778.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$400,000
14867	8782.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,200,000
14803	8776.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$1,200,000
14812	8781.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000
14813	8813.08	6948	4913.08	APHIA II - Coast	Family Health International	\$4,900,000
14785	8774.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$3,050,000
14804	8797.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$2,300,000
14868	8792.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,700,000
14704	8805.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$600,000
14965	8765.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$1,950,000
14999	8826.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$3,300,000
16339	16339.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$100,000
16326	16326.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$100,000
16334	16334.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$100,000
16331	16331.08	6948	4913.08	APHIA II - Coast	Family Health International	\$100,000
16337	16337.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$100,000
16333	16333.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$100,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Indirect Targets

Target Populations

Other

Religious Leaders

Teachers

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4913.08
Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 9048.08

Activity System ID: 14811

Mechanism: APHIA II - Coast USG Agency: U.S. Agency for International Development Program Area: Orphans and Vulnerable Children Program Area Code: 08 Planned Funds: \$4,950,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

The APHIA II Coast orphans and vulnerable children activities will relate to HIV/AIDS treatment services (#8813), counseling and testing (#8781), Other Prevention (#8930), HBHC (#8934), TB/HIV care activities (#9062), AB (#8950) and PMTCT (#8764).

2. ACTIVITY DESCRIPTION

This activity will lead to provision of comprehensive support to 53,000 OVC and their households both directly and through leveraged resources from other partners in the region. There are existing programs responding to the needs of OVC but this is, in most cases, a scattered and an uncoordinated response. Initial activities will therefore focus on strengthening that and ensuring it is comprehensive package as laid out in the USG guidelines. Through the technical leadership of CRS (Catholic Relief Services) and Social Impact the capacity of NGOs CBOs, FBOs will be strengthened through training of trainers so as to enable them train at least 5,300 care givers provide a high quality comprehensive care to OVC. Recognizing the role that they play in the response to taking care of their own, key community stakeholders who include civic leaders, parents, care givers, community leaders, religious leaders and community groups will be engaged through capacity development activities to survey vulnerable children and their needs, assess existing community resources and gaps, establish a coordination and referral mechanism, plan and monitor a joint response to the OVC. CLUSA, who are one of the strategic Partners for APHIA Coast will provide technical leadership in mobilizing the community to lead the response to OVC.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the Kenya 5-year strategy and will increase the number of OVC receiving HIV/AIDS care and support, and will reach 53,000 OVC with comprehensive quality services and train 5,300 caregivers.

4. LINKS TO OTHER ACTIVITIES

The APHIA II Coast OVC activities will relate to HIV/AIDS treatment services (#8813), counseling and testing (#8781), Other Prevention (#8930), home based care services (#8934), abstinence and be faithful (#8950), prevention of mother to child transmission (#8764) and TB/HIV (#9062). This activity will provide referral, as appropriate, to OVC and their community to necessary HIV/AIDS services especially counseling and testing and treatment.

5. POPULATIONS BEING TARGETED

This activity targets orphans and vulnerable children, caregivers of OVC, and community health workers. The local capacity of each organization will be strengthened by working with community leaders, religious leaders, volunteers as well as partnering with other existing community-based and faith-based organizations that exist in the same community.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issues being addressed is stigma and discrimination through close links in building the capacity of the community to address the local needs of the OVC in each community as well as in training the caregivers of the OVC. This activity also addresses the wrap around issue of food and education. Ensuring the needs of the girl child will also be addressed as the needs relate to being an OVC.

7. EMPHASIS AREAS

Major emphasis is in community mobilization/participation and minor emphasis areas in developing network/linkages, local organization capacity development and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9048

Related Activity: 14806, 14808, 14809, 14812, 14813

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20472	9048.20472. 09	U.S. Agency for International Development	Family Health International	9067	4913.09	APHIA II - Coast	\$2,000,000
9048	9048.07	U.S. Agency for International Development	Family Health International	4913	4913.07	APHIA II - Coast	\$1,700,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14806	8764.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000
14808	8930.08	6948	4913.08	APHIA II - Coast	Family Health International	\$1,800,000
14809	8934.08	6948	4913.08	APHIA II - Coast	Family Health International	\$1,205,000
14812	8781.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000
14813	8813.08	6948	4913.08	APHIA II - Coast	Family Health International	\$4,900,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Other)

- * Education
- * Food Security

Food Support

Estimation of other dollars leveraged in FY 2008 for food \$103,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	53,000	False
8.1.A Primary Direct	53,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	5,300	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Coast

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4916.08 Prime Partner: Family Health International Funding Source: GHCS (State) Budget Code: HKID Activity ID: 9029.08 Activity System ID: 14802 Mechanism:APHIA II - Rift ValleyUSG Agency:U.S. Agency for International
DevelopmentProgram Area:Orphans and Vulnerable
ChildrenProgram Area Code:08Planned Funds:\$4,700,000

1. LIST OF RELATED ACTIVITIES

This activity relates to Abstinence and Be Faithful (#9070), Counseling and Testing (#8776), Palliative Care: basic health care (#9065), PMTCT (#8733),TB/HIV (#9065), Other Prevention (#9040), and ARV (#8797).

2. ACTIVITY DESCRIPTION

Orphans and Vulnerable children remain a key challenge in the provision of care and support and Rift Valley Province faces huge challenges in this area as it is estimated to have the second highest number of OVC in Kenya after Nyanza Province. There are already existing programs responding to the needs of OVC but these are in most cases providing a scattered and uncoordinated response. A corresponded response will be achieved by provision of a comprehensive package of support by APHIA Rift Valley directly but also work to coordinate partners to ensure that a comprehensive package of support to OVC is provided by all partners. Through the technical leadership of World Vision and Social Impact the capacity of NGOs, CBOs, FBOs will be strengthened through training of trainers so as to enable them train caregivers to provide a high quality comprehensive care to OVC. Recognizing the role that they play in the response to taking care of their own, key community stakeholders who include civic leaders, parents, caregivers, community leaders, religious leaders and community groups will be engaged through capacity development activities to survey vulnerable children and their needs, assess existing community resources and gaps, establish a coordination and referral mechanism, plan and monitor a joint response to the OVC. CLUSA (Cooperative League of the USA), one of the APHIA Rift Valley technical partners will provide support in mobilizing the community to lead the response to OVC.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity therefore seeks to provide comprehensive support to 45,000 orphans and vulnerable children and their households directly and through leveraged resources from other partners in the region and also train 4,500 caregivers. This will contribute significantly to the overall 2008 emergency plan targets for Kenya.

4. LINKS TO OTHER ACTIVITIES

This activity links to APHIA Rift Valley other activities in Abstinence and Be Faithful (#9070), Counseling and Testing (#8776), Palliative Care: basic health care (#9065), PMTCT (#8733), TB/HIV (#9065), Other Prevention (#9040), and ARV (#8797) that are intended to enhance service delivery and linkages between the community and service delivery sites as well as strengthening the referral network for care.

5. POPULATIONS BEING TARGETED

This activity targets people affected by HIV/AIDS and specifically orphans and vulnerable children and also caregivers of OVC. In addition this activity will target the community including community leaders and religious leaders as well as community based and faith based organizations in the capacity development of the community to serve the needs of the OVC.

6. KEY LEGISLATIVE ISSUE ADDRESSED

This activity will address mainly issues in gender, particularly for the girl child, as they relate to issues of child labor, increasing women and girls access to income and productive resources and addressing the issues of inheritance rights and protection of property rights for children and women. Wrap- around issues as they relate to food and education will also be addressed.

7. EMPHASIS AREAS

The major emphasis area will be in community mobilization/participation with minor emphasis in the area of local organization capacity development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9029

Related Activity: 14797, 14800, 14803, 14804

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20458	9029.20458. 09	U.S. Agency for International Development	Family Health International	9066	4916.09	APHIA II - Rift Valley	\$6,200,000
9029	9029.07	U.S. Agency for International Development	Family Health International	4916	4916.07	APHIA II - Rift Valley	\$3,200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14797	8733.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$3,000,000
14800	8929.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$900,000
14803	8776.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$1,200,000
14804	8797.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$2,300,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Estimation of other dollars leveraged in FY 2008 for food \$94,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	45,000	False
8.1.A Primary Direct	45,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	4,500	False

Target Populations

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Rift Valley

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 282.08

Prime Partner: Eastern Deanery AIDS Relief Program Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 12477.08

Activity System ID: 14774

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Orphans and Vulnerable Children Program Area Code: 08

Planned Funds: \$250,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE HAS BEEN UPDATED TO REFLECT CHANGES.

This activity was begun with 2007 plus-up funds and is part of a five-site effort to strengthen the link between clinical and household settings for HIV+ children. All sites meet regularly with a sixth entity, AED/Capable Partners, for real-time sharing of lessons learned and review the effectiveness of different approaches in preparation for scale-up.

The Mwangalizi model is being tested in response to concern expressed by clinicians that assuring optimal care for HIV+ OVC was difficult in many instance because they were accompanied to different clinic visits by different relatives or community members, necessitating constant re-education of adults managing care of children.

Central to the approach is recruitment of adult patients who are successfully managing their own care to accompany pediatric patients to all clinic visits when a consistent caregiver from the household is not available. These "accompagnateurs" will be trained to be on watch for development of side effects or complications, remunerated for their time, and expected to perform home visits to monitor medication consumption. They will also be expected to develop an ongoing and supportive relationship with the OVC household, assess the social environment and refer for needed services, and seek wherever possible to identify a household or community contact who can be prepared to assume the long-term responsibility of being a treatment advocate for the child.

Sites were carefully selected to represent a cross section of Nairobi and coastal urban slum (Eastern Deanery, Coptic, and Bomu), peri-urban (AMPATH/Eldoret, Bomu) and rural (Kericho District Hospital) communities. Standard measures of household and clinician satisfaction with the value-added by the accompagnateur, accompagnatuer satisfaction with the experience, and clinical progress of OVC participating in the program will be tracked. Numbers of OVC served are captured under care and treatment activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12477

Related Activity: 14772, 14906, 15038, 14830, 14948, 14718, 14776

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20424	12477.2042 4.09	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	9062	282.09		\$250,000
12477	12477.07	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	4222	282.07		\$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14772	4128.08	6943	282.08		Eastern Deanery AIDS Relief Program	\$550,000
15038	12475.08	7020	483.08		University of Washington	\$150,000
14718	4947.08	6920	441.08	Capable Partners	Academy for Educational Development	\$4,300,000
14830	12474.08	6953	521.08	USAID-AMPATH Partnership	Indiana University	\$300,000
14948	12476.08	6984	286.08		New York University	\$150,000
14906	12478.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$300,000
14776	4130.08	6943	282.08		Eastern Deanery AIDS Relief Program	\$4,300,000

Emphasis Areas

Human Capacity Development

- * Training
- *** Pre-Service Training
- * Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	43	False

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Nairobi

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4915.08

Prime Partner: Engender Health

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 9071.08

Activity System ID: 14782

Mechanism: APHIA II - Nyanza USG Agency: U.S. Agency for International Development Program Area: Orphans and Vulnerable Children Program Area Code: 08 Planned Funds: \$6,150,000

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in TB/HIV (#9059), Palliative Care: basic health care and support (#8928), ARV services (#8774), and counseling and testing (#8760).

2. ACTIVITY DESCRIPTION

APHIA Nyanza project implemented by EngenderHealth initiated support to OVC in Nyanza Province in FY 2006. It addresses OVC needs adopting the Kenya PEPFAR strategy of addressing seven essential elements of OVC support. These essential services include: Nutrition, Education, Health, Protection, Psychosocial support, Basic Material needs and Livelihood Capacity Building. This activity will continue to employ a broad range of strategies and activities to build the capacity of communities, families and orphans to meet their needs, and to build the capacity of community-based partners to deliver sustainable high quality OVC interventions. The APHIA Nyanza project will serve 55,000 orphans and vulnerable children and provide training to 5,500 caregivers. Working with trained community health workers the project will implement home based care and other support interventions suitable for the children's well being and development. A total of 1,100 household members will be trained in palliative care for HIV+ children. Linkages to food support; vocational training; educational opportunities; income generating activities; will be strengthened through appropriate community organizations. The project will also build linkages to pediatric HIV services and other relevant health services.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will reach 55,000 OVC and train 5,500 caregivers in Nyanza province. It will augment the ability of communities to provide comprehensive services including basic medical and nursing care, counseling and psychological support, relief for social needs and prevention of HIV. It will strengthen the capacities of families and communities to make informed decisions on who needs what care and how best to provide it. The project will work in close collaboration with relevant community groups and government departments to form networks that will address health improvement, capacity building and food support, vocational and micro-business training for family income support.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to APHIA II Nyanza activities in TB/HIV (#9059), Palliative Care: basic health care and support (#8928), ARV services (#8774), and counseling and testing (#8760).

5. POPULATIONS BEING TARGETED

This activity will address individuals infected and affected by HIV/AIDS by targeting caregivers of OVC. OVC - especially the girl child, as well as building the capacity of other community based and faith based organizations by working closely with community and religious leaders in the delivery of care to OVC in each community.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address issues in increasing gender equity in HIV/AIDS programs as well as wrap around services in food and education.

7. EMPHASIS AREAS

Major emphasis area is in development of local organization capacity and minor emphasis in network/linkages/referral, community mobilization and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9071

Related Activity: 14780, 14784, 14785

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20435	9071.20435. 09	U.S. Agency for International Development	Engender Health	9063	4915.09	APHIA II - Nyanza	\$6,500,000
9071	9071.07	U.S. Agency for International Development	Engender Health	4915	4915.07	APHIA II - Nyanza	\$4,400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14780	8928.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$900,000
14785	8774.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$3,050,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Estimation of other dollars leveraged in FY 2008 for food \$118,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	55,000	False
8.1.A Primary Direct	55,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	5,500	False

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Nyanza

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 348.08

Prime Partner: Community Housing Foundation Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 4169.08

Activity System ID: 14766

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Orphans and Vulnerable Children Program Area Code: 08 Planned Funds: \$500,000

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence/Be Faithful (#6876), Condoms and Other Prevention (#6872), Counseling and Testing (#6875), Palliative Care: Basic Health Care Support (#6870), Palliative Care: TB/HIV (#6871), Treatment: ARV services (#6869) and Other/Policy Analysis and Systems Strengthening (#6873).

2. ACTIVITY DESCRIPTION

Cooperative Housing Foundation (CHF) will work with sub-grantees to provide services to 5,000 orphans and vulnerable children (OVC) and train 500 caregivers to provide OVC care. It will provide primary direct support to 4.000 OVC and 1.000 supplemental support. CHF was awarded a cooperative agreement with CDC in late FY 2004 to work with local Non-Governmental Organizations (NGOs), Community Based Organizations (CBOs) and Faith Based Organizations (FBOs) in Nyanza and other regions in Kenya to build their capacity to implement community-based HIV services. In FY 2006, CHF partnered with three local NGO partners to provide critical services to OVC including: Gethsemane Garden of Hope for Africa, which provides a comprehensive package that includes education, shelter, nutritional support, care and support, and support to OVC caretakers; Our Lady of Perpetual Support for People Living with HIV/AIDS (OLPS). which provides education and clothing, while linking OVC to other critical services; and Narok Integrated Development Project, which provides material support, school fees, and nutritional support. In addition, CHF continues to respond to new applicants seeking to support work with orphans and vulnerable children. In FY 2008, CHF will expand its scope of activities to include suitable organizations that have on-going programs for OVC. CHF will continue supporting new partners who will be selected through close collaboration with CDC. These may include Homeless Children International, St. Stephens Children's program, Adventist Care and Support program, African Brotherhood Church ministries, Redeemed Gospel church Ministries, Garissa Children's Home, Kiserian Children's program among others. These are potential partners who have expressed interest to CDC for consideration to support their on-going programs. An important element in this program is strengthening HIV prevention education among OVC to equip them with life skills that would reduce their vulnerability to the risk of HIV infection. Caregivers will be trained to strengthen the family support system and strong linkages will be established between PLWHAs, HIV-infected children and health care services, including ensuring that children and their parents or caregivers and other family members affected access appropriate care and treatment. These programs will work closely with care and treatment partners to ensure that HIV-infected children receive appropriate psychosocial support and that they have a consistent caregiver to assure adherence to treatment. The scope of the current programs will be expanded to ensure that they provide a package of essential services that qualify as primary direct support. All programs will work in close collaboration with the District Children's Department and will follow guidelines provided by the parent ministry, alongside PEPFAR guidelines.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through partnerships with local sub-partners supported, CHF will provide 5,000 OVC with access to essential services, train 500 caregivers, and build the capacity of local, community and faith-based organizations to meet the needs of OVC in their communities. CHF mainstreams the development of referral mechanisms and linkages among all partner organizations within a geographic region, ensuring that served OVC link with appropriate services, even if the individual NGO partner does not provide them.

4. LINKS TO OTHER ACTIVITIES

The OVC and the community will be referred to VCT centers in the health facilities where the activities are taking place. CHF will work with the organizations undertaking home and community support in the same areas. CHF is also funded under the home and community service category. This activity is linked to CHF activities in the following program areas: CHF CT (#6875); AB (#6876); OP (#6872); Policy Analysis and Systems Strengthening (#6873) and ART (#6869).

5. POPULATIONS BEING TARGETED

This activity targets orphans and vulnerable children, older OVC, widows/widowers, HIV+ children, HIV/AIDS affected families and People Living with HIV/AIDS.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity helps increasing gender equity in HIV/AIDS programs by ensuring the girl children have equal access to services, and disaggregating data on girl children. It also addresses the wrap around issues of food and education.

7. EMPHASIS AREAS

There are six minor emphasis areas in local organization capacity development, human resources, quality assurance, development of network linkages/referral system, community mobilization/participation and training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6874

Related Activity: 14761, 14763, 14767, 14768, 14769, 14800, 14780

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6874	4169.07	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	4221	348.07		\$400,000
4169	4169.06	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	3233	348.06		\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14761	4171.08	6941	348.08		Community Housing Foundation	\$2,483,500
14763	4167.08	6941	348.08		Community Housing Foundation	\$871,500
14780	8928.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$900,000
14800	8929.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$900,000
14767	4170.08	6941	348.08		Community Housing Foundation	\$1,800,000
14768	4164.08	6941	348.08		Community Housing Foundation	\$1,300,000
14769	4168.08	6941	348.08		Community Housing Foundation	\$950,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	5,000	False
8.1.A Primary Direct	4,000	False
8.1.B Supplemental Direct	1,000	False
8.2 Number of providers/caregivers trained in caring for OVC	500	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Nyanza

Rift Valley

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3543.08

Prime Partner: Children of God Relief Institute

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 4918.08

Activity System ID: 14751

Mechanism: Lea Toto

USG Agency: U.S. Agency for International Development Program Area: Orphans and Vulnerable Children Program Area Code: 08 Planned Funds: \$600,000

1. LIST OF RELATED ACTIVITIES

The COGRI orphans and vulnerable children activities will relate to HIV/AIDS treatment services (#6862), counseling and testing (#6860), HBHC (#6863).

2. ACTIVITY DESCRIPTION

Children of God Relief Institute/Lea Toto Project will provide care and support services to 5,000 orphans and vulnerable children (OVC) with high quality home based care and other support services. This activity is a continuation of the project which was started in September 1999, and implemented in selected slums in Nairobi in Kangemi, Kariobangi, Kibera, Kawangware. Lea Toto Project will work with trained community workers at the activity sites and will provide or facilitate access to a range of services for families and OVC caregivers. It is anticipated that these services will include training around OVC support; anti-retroviral treatment education; vocational and micro-business training for family income support and psycho-social support, including succession planning. Other program activities include nutritional support, micro-finance and empowering of caregivers through the self help groups. This activity will strive to strengthen the ability of targeted local communities to prioritize needs of HIV+ children and their families and carry out activities to meet these needs. Lea Toto Project will work with trained community workers at the activity sites and will provide or facilitate access to a range of services for families and OVC caregivers. It is anticipated that these services will include training around OVC support; anti-retroviral treatment education; vocational and micro-business training for family income support and psycho-social support, including succession planning. Other program activities include nutritional support, micro-finance and empowering of caregivers through the self help groups. Lea Toto will also strengthen the ability of targeted local communities to prioritize needs of HIV+ children and their families and carry out activities to meet these needs. The goal of the Lea Toto Project is to mitigate the impact of HIV/AIDS and decrease the risk of HIV transmission through the provision of a comprehensive home based care package. Some of the activities include group therapy sessions include life skills training, disclosure meetings, support group meetings and follow up counseling sessions. Life skills training sessions which are held with adults and children aged between 7 and 16 years address issues related to drug adherence basic hygiene and nutrition. The activity will also improve the organizational capacity of the Lea Toto program to deliver high quality care and counseling and other support services for HIV+ children and their families. Other program activities include nutritional support, microfinance and empowering of caregivers through the self help groups.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the Kenya 5-year strategy, will increase the number of OVC receiving HIV/AIDS care and support, and will reach 5,000 OVC with comprehensive quality services and train 500 caregivers.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to ARV treatment (#6862), counseling and testing services (#6860) and palliative care (#6863) implemented by COGRI and also linked to other USG CT programs managing test kits procurement and distribution.

5. POPULATIONS BEING TARGETED

This activity targets orphans and vulnerable children, caregivers of OVC, community leaders as well as Community-based and Faith-based organizations.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issues being addressed is stigma and discrimination through enhanced medical and psychological well being, and demonstrated improved quality of life. This activity also addresses the wrap around issue of food.

7. EMPHASIS AREAS

Major emphasis area is Community Mobilization and Participation and a minor emphasis in Training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6861

Related Activity: 14749, 14752, 14753

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20378	4918.20378. 09	U.S. Agency for International Development	Children of God Relief Institute	9054	3543.09	Lea Toto	\$600,000
6861	4918.07	U.S. Agency for International Development	Children of God Relief Institute	4216	3543.07	Lea Toto	\$400,000
4918	4918.06	U.S. Agency for International Development	Children of God Relief Institute	3543	3543.06	Lea Toto	\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14749	5105.08	6936	3543.08	Lea Toto	Children of God Relief Institute	\$150,000
14752	4848.08	6936	3543.08	Lea Toto	Children of God Relief Institute	\$200,000
14753	5092.08	6936	3543.08	Lea Toto	Children of God Relief Institute	\$1,000,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Estimation of other dollars leveraged in FY 2008 for food \$30,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	5,000	False
8.1.A Primary Direct	5,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	500	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Nairobi

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3811.08
Prime Partner: Christian Aid
Funding Source: Central GHCS (State)
Budget Code: HKID
Progra

Activity ID: 5650.08

Activity System ID: 14754

Mechanism: Community-based Care of OVC USG Agency: U.S. Agency for International Development Program Area: Orphans and Vulnerable Children Program Area Code: 08 Planned Funds: \$231,770

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8782 and #8777), ART (#8792 and #8826).

2. ACTIVITY DESCRIPTION

Christian Aid (CA) is a UK based international development agency with over 40 years of experience supporting more than 550 indigenous non-governmental and faith-based organizations in 60 countries. CA will work with community and faith based organizations to provide holistic care and support to orphans and vulnerable children (OVC) in Eastern and Nyanza Provinces. CA will work with two faith-based community development organizations in Kenya's Western and Eastern Provinces. These organizations are the Benevolent Institute of Development Initiatives (BIDII), which is operating in Machakos and Makueni districts (Lita, Mbee, Kathiani, Mavivye, Kiima-kiu, and Kilome sublocations), and Inter Diocesan Community Development Services (IDCCS), which is operating in Siava, Rachuonyo, Kisumu, Migori, Homa-Bay, Bodo, and Nyando districts (Siaya, Yala, Kisii, Kisumu, Migori, Homa-Bay, Bondo, and Ahero sublocations). The expected impact of the CA Track 1 project is improved quality of life for at least 9,800 OVC and 1,800 care givers. This will be done through building the technical knowledge and material capacity of over 100 OVC households to produce nutritious food for the long term, benefiting the OVC in these households. Provide income generation support to at least 600 OVC household guardians and older OVC, to enable them to operate new, profitable income generating activities (IGAs). Ensure that OVC regularly receive quality psychosocial support through community-based volunteers and caregivers. This intervention will include health care, provision of fees to enable OVCs to access education and also mobilize the local community volunteers to build or repair basic housing for OVC. To ensure clean water availability, the program will fund and organize for four water springs to be protected in Kathiani impact zones. This will enable at least 800 OVC households to access safe drinking water for their everyday needs, benefiting OVC in these households. To protect OVC from stigma and discrimination, community volunteers will be mobilized to establish Child Protection Committees (CPCs) and actively promote messages geared to reducing stigma and discrimination on OVC and promoting child rights. This will lead to a reduction of at least 30% of community members with negative and discriminating attitude towards OVC and an increase of at least 30% in the proportion of community leaders, guardians and general community members that acknowledge and recognize the extent of exploitation, violence and abuse experienced by OVC. Support CPC members to monitor discrimination and abuse of OVC through community based home visit programs, which will be operational in six sub locations. Mobilize the formation of youth clubs in approximately 150 villages. Peer educators will provide life skills training to OVC in the youth clubs. The life skills will help OVC avoid situations where they can fall victim to exploitation, violence and sexual abuse. CPC members will be trained on children's rights and counseling skills and conduct exchange visits and attend a reflection workshop in Uganda towards the end of the period, to reflect on progress made, what has worked well and what has not and to share innovative approaches and tools. Lessons learned will be fed into the interventions for the following year, resulting in improved effectiveness and quality of support provided to OVC and OVC households.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

The program will reach 9,800 OVC through complementary and integrated care and support interventions and 1,800 care givers will be trained in a number of complementary areas, including income generation, sustainable food production, psychosocial support, and child protection.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to Counseling and Testing program and ART services.

5. POPULATIONS BEING TARGETED

This program will target orphans and vulnerable children and their caregivers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Issues to be addressed include stigma and discrimination and ensuring that as many as girl OVC benefit as well as boys. Data will be gender disaggregated to ensure gender equity in all the project's various interventions. Support to food security, micro-finance, micro-credit and education sectors will be addressed. Work will also be undertaken to link women and girls to the project's educational support, food security, and income generation interventions.

7. EMPHASIS AREAS

Major emphasis area is community mobilization/participation and training and minor emphasis area is development network/linkages/referral systems and quality assistance and supportive supervision.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6864

Related Activity: 14998, 14867, 14784, 14999, 14868, 14785

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20382	5650.20382. 09	U.S. Agency for International Development	Christian Aid	9055	3811.09	Community- based Care of OVC	\$167,342
6864	5650.07	U.S. Agency for International Development	Christian Aid	4217	3811.07	Community- based Care of OVC	\$175,665
5650	5650.06	U.S. Agency for International Development	Christian Aid	3811	3811.06	Community- based Care of OVC	\$36,279

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14867	8782.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,200,000
14998	8777.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$1,100,000
14999	8826.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$3,300,000
14868	8792.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,700,000
14785	8774.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$3,050,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Malaria (PMI)

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Estimated PEPFAR dollars spent on food	\$1,500
Estimation of other dollars leveraged in FY 2008 for food	\$500

Public Private Partnership

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	6,500	False
8.1.A Primary Direct	6,500	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	650	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas		
Eastern		
Nyanza		
Western		

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3733.08 Prime Partner: Christian Children's Fund, Inc Funding Source: Central GHCS (State) Budget Code: HKID Activity ID: 5486.08 Activity System ID: 14755 Mechanism: Weaving the Safety Net USG Agency: U.S. Agency for International Development Program Area: Orphans and Vulnerable Children Program Area Code: 08 Planned Funds: \$500,000

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8976) and Palliative Care: Basic Care and Support (#8936).

2. ACTIVITY DESCRIPTION

Christian Children's Fund (CCF)'s Weaving the Safety Net project aims to reduce the impact of HIV/AIDS on orphans and other vulnerable children and adolescents in Thika and Kiambu Districts in Kenya. The project responds to the current gap in psychosocial programming while strengthening community structures to care and support OVC and youth. To meet this goal, CCF supports the provision of sustainable, highguality essential services through: strengthening the capacity of families to cope with their problems; mobilizing and strengthening community-based responses; increasing the capacity of children and young people to meet their own needs; raising awareness within societies to create an environment that enables support for children affected by HIV/AIDS; and developing, evaluating, disseminating, and applying best practices and state-of-the-art knowledge in the area of quality OVC programming. In order to reach many OVC with quality interventions and to facilitate sustainability of program impact, CCF's main implementation approach is partnership. Program activities will cover a broad range of services. In the area of psychosocial support (PSS) and Journey of Life (JOL), the Trainer of Trainers (TOTs) on Psychosocial Programming and JOL will continue to facilitate training for the OVC and Community's Own Resource Persons who will include their caregivers (teachers, guardians, CBO/FBO and other community leaders). Monitoring of the PSS will be intensified to ensure that the children receive the service and enhance their resilience. In child protection, the program will continue to scale up paralegal activities through the TOTs trained and strengthen linkages with service providers. The participants will include: OVC parents/guardians, religious leaders, chiefs, HBC supervisors, teachers, and representatives from the Children's Department, probation and other relevant departments. Working together with the local implementing partners (LIPs), the paralegals will be assisted to form community paralegal clinics in order to make their services more easily accessible to the community. The paralegals will also be involved in all community fora organized by LIPs, HBC teams, religious leaders and other CORPs as a way of raising awareness on child protection issues. The program will support formation/strengthening of the Child Right's club's activities (ROC) in the various schools, where the teachers and the children were trained on (ROC) in the second year. Children and youth will be facilitated to air their views on issues affecting them through radio features that will be supported by the program. The program will support in development of various IEC materials with messages pertaining to the plight of OVCs and youth. Youth tournaments will be supported at various levels at the community for awareness creation in addition to increasing youth participation as well as planning and monitoring of the program. CCF will also work in the area of economic strengthening, by providing support to schools' income generating activities. The program will continue to improve household income through support to micro credit services to vulnerable households in partnership with a leading micro finance institution (K-Rep Development Agency). The educational support component of CCF's program will include identification of the OVC for vocational training, and other areas of interest that can be supported by the program. All the adolescents benefiting from vocational training will also be linked to basic business management, counseling support, training in life skills, mentoring and recreational facilities to ensure a holistic approach to their development. The guardians of these OVC will be targeted for home-based care services as well as other safety net services such as income generating activities and psychosocial support through support groups. In shelter and nutrition, CCF will continue to forge stronger partnership with the local implementing partners to provide a meal a day to the OVC at early childhood development centers through the provision of unimix whereas in shelter, clothing and bedding will be the focus

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The program will reach 20,000 OVC and train 2,000 caregivers in various areas/services described above. This will be done with the local implementing partners to ensure continuity and ownership of the interventions.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to home based care services and counseling and testing.

5. POPULATIONS BEING TARGETED

The target population is primarily the young OVC (0-18 year – HIV infected and affected children), their caregivers, HIV affected and/or infected families, children who are head of households, abused and neglected children.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Issues to be addressed include wrap arounds of food, micro finance/micro credit, and secondary school fees for OVC, stigma and discrimination.

7. EMPHASIS AREAS

Major emphasis area is community involvement/ownership, development and strengthening linkages/referral system and minor emphasis is monitoring and evaluation, IEC and quality programming.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6865

Related Activity: 14960, 14964

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20383	5486.20383. 09	U.S. Agency for International Development	Christian Children's Fund, Inc	9056	3733.09	Weaving the Safety Net	\$363,323
6865	5486.07	U.S. Agency for International Development	Christian Children's Fund, Inc	4218	3733.07	Weaving the Safety Net	\$0
5486	5486.06	U.S. Agency for International Development	Christian Children's Fund, Inc	3733	3733.06	Weaving the Safety Net	\$1,000,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14964	8976.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$750,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Child Survival Activities
- Wraparound Programs (Other)
- * Economic Strengthening
- * Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	12,000	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	1,500	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Central

Nairobi

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4685.08

Prime Partner: Catholic Relief Services

Funding Source: Central GHCS (State)

Budget Code: HKID

Activity ID: 5448.08

Activity System ID: 14744

Mechanism: N/A

USG Agency: U.S. Agency for International Development Program Area: Orphans and Vulnerable Children Program Area Code: 08 Planned Funds: \$139,782

1. LIST OF RELATED ACTIVITIES

This activity links to activities in counseling and testing (#8781 and #8776), ARV services (#8797 and #8813), and palliative care (#8797 and #8813).

2. ACTIVITY DESCRIPTION

Catholic Relief Services' Track 1 orphans and vulnerable children (OVC) Project in Kenya is implemented in Kilifi District in the Archdiocese of Mombasa (ADM). Kilifi District is along the main transport corridor road from the port of Mombasa to Central African countries. The highway has thus heavy truck traffic contributing the HIV prevalence rate of 7% in the District. This situation is also fueled by some cultural practices such as early marriages, polygamy and wife inheritance. With an overall goal of improving the quality of life of orphans and vulnerable children (OVC), the program is designed to use a two-fold strategy: to increase the capacity of communities, families and orphans to respond to the needs of OVC and to increase the institutional capacity of the partner to deliver high quality and sustainable OVC interventions. This strategy is in line with the broader Kenya government goal, which seeks to provide OVC with quality care, support and protection. The program targets 20,000 OVC that were identified in the first year of the project implementation. Through its HIV/AIDS unit, CRS Kenya provides the technical backstopping and administrative support for the program while the Archdiocese of Mombasa (through its Parish management and Village management committees and CBOs on the ground) does the actual activity implementation on the ground. Services provided via the program include education support, health care, psychosocial support, food and nutrition, and economic strengthening. The traditional extended family fostering system is believed to be a more effective way of caring for OVC since their social, cultural and psychological needs can be met as they interact with different members of the society. The program is designed to use the home based care approach, in which a packaged care and support service delivery strategy is employed to deliver various services to orphans and vulnerable children in an affordable, accessible and sustainable way. The program is designed to use two main strategic objectives: OVC are better able to meet their needs, and local faith- and community-based organizations (FBOs/CBOs) have a sustained capacity to deliver guality services to OVC. Under the first strategic objective, the program is designed to ensure that OVC use and enjoy improved access to required services. These services include community-based child care, psychosocial and education support, and nutrition. This is attained through community mobilization and training, and partnership and networking with other key stakeholders on the ground, namely some CBOs, Parish and Village management committees. Under this strategy, the OVC are identified based on agreed criteria of selection. Their specific needs are identified and documented and include education, health, psychosocial and economic needs. Follow up efforts and support is provided through home visits using a network of 400 volunteer Community Health Workers and 7,480 caregivers who have been keen and active in this cause. While many of the project activities for FY06 are a continuation of FY05 activities, new activities have emerged in FY06. For example, owing to OVC completing primary education, it was realized that there is need for vocational training so that the OVC gain useful skills to help them earn some income and support their families. Planned training programs for enhancement of partner capacity include training Trainer of Trainers (TOT) in home based care, basic counseling, basic knowledge on HIV/AIDS programming, financial management and other relevant areas such as Gender issues and HIV/AIDS. These trainings are specifically tailored to suit the training needs of the ADM and CBO partner staff. The capacity building efforts are reinforced with planned periodical supervisory visits at different levels and the provision of technical and financial support. It is envisioned that through these efforts, the organizations will attain sustained capacities to provide the much desired quality services for the OVC.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The overall goal of this project is to improve the quality of life of 20,000 OVC and their families through the provision of compassionate care and social support and also train 2,000 caregivers. Specifically, 20,000 OVC and their family members will demonstrate enhanced medical and psychological well being, will have the skills necessary to reduce their risk of HIV infection, and 75% of the targeted households and their families will demonstrate improved quality of life. Local Implementing Partners (LIPs) will strengthen their capacity to deliver quality care and support to 20,000 OVC and their families.

4. LINKS TO OTHER ACTIVITIES

This activity links to other Ministry of Health facilities, partners in the areas counseling and testing, home based care and ART.

5. POPULATIONS BEING TARGETED

This activity will target orphans and vulnerable children, their family members and care givers, and will work through FBO, CBO and other implementing partners.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue being addressed is stigma and discrimination through enhanced medical and psychological well being, and demonstrated improved quality of life. This activity also addresses the wraparound issues of food security and economic strengthening.

7. EMPHASIS AREAS

The major area of emphasis is local organization capacity development and the minor area of emphasis is community mobilization/participation.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6857

Related Activity: 14784, 14812, 14809, 14780, 14785, 14813

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20363	5448.20363. 09	U.S. Agency for International Development	Catholic Relief Services	9050	4685.09		\$489,455
6857	5448.07	U.S. Agency for International Development	Catholic Relief Services	4685	4685.07		\$0
5448	5448.06	U.S. Agency for International Development	Catholic Relief Services	3544	3544.06	Support of Orphans & Vulnerable Children Affected by HIV/AIDS	\$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14780	8928.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$900,000
14809	8934.08	6948	4913.08	APHIA II - Coast	Family Health International	\$1,205,000
14812	8781.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000
14813	8813.08	6948	4913.08	APHIA II - Coast	Family Health International	\$4,900,000
14785	8774.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$3,050,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Malaria (PMI)

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Estimation of other dollars leveraged in FY 2008 for food \$288,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	20,000	False
8.1.A Primary Direct	20,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	2,000	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Coast

Nyanza

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4921.08

Prime Partner: United Nations High Commissioner for Refugees

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 16387.08

Activity System ID: 16387

Mechanism: N/A

USG Agency:	Department of State / Population, Refugees, and Migration
Program Area:	Orphans and Vulnerable Children
Program Area Code:	08
Planned Funds:	\$200,000

Activity Narrative: 1. ACTIVITY DESCRIPTION

The United Nations High Commissioner for Refugees (UNHCR) will provide support services to 2,000 orphans and vulnerable children and train 200 caregivers in the Dadaab Refugee Camp in North Eastern Province, Kenya. Others who will be trained will include 60 reproductive health motivators who will receive an OVC orientation so that OVC support is incorporated into their broad RH education and outreach. Dadaab, established in 1991, consists of three settlements (Ifo, Hagadera and Dagahare), and hosts an estimated total of 173,000 refugees, including 153,000 Somali refugees and 20,000 Kenvan Somali. Each camp has a hospital and three satellite health centers. Sentinel surveillance activities in 2005 reported a 1.4% HIV seroprevalence among ANC clinic attendees, 1.7% among STI patients, indicating a generalized epidemic and providing estimate of 2300 HIV-infected refugees. UNHCR will build upon and expand HIV Prevention and care activities being provided by its three major implementing partners, GTZ, National Council of Churches of Kenya (NCCK), and CARE Kenya's Emergency and Refugee Operations (ERO). There are currently approximately 1410 orphans, 351 unaccompanied minors and 3,784 persons with disability. The OVC program will be implemented mainly by two partners; CARE and NCCK, and others as UNHCR may consider appropriate. OVC will receive a package of services including as per the PEPFAR and other UN guidelines, complementary to others services that are already provided through the overall UNHCR refugee framework. An important element in this program is strengthening HIV prevention education among OVC to equip them with life skills that would reduce their vulnerability to the risk of HIV infection. Caregivers will be trained to strengthen the family support system and strong linkages will be established between PLWHAs, HIV-infected children and health care services, including ensuring that children and their parents or caregivers and other family members affected access appropriate care and treatment. The scope of the current programs will be expanded to ensure that they provide a package of essential services that qualify as primary direct support. All programs will work in close collaboration with the District Children's Department and will follow guidelines provided by the parent ministry, alongside PEPFAR and UNHCR guidelines.

In 2000, UNHCR and its three partners initiated HIV prevention, care and support services on a limited scale. These partners depend on UNHCR for 80-95% of their Dadaab program funding. Financial constraints have prevented UNHCR to meet the increasing demand for a comprehensive HIV program, and additional funding and technical support are necessary to expand the scope and quality of existing services. Targets are modest because of the extreme remoteness of these areas, and the challenges associated with conducting activities in the refugee camp and the slow start up expected in initiating programs in the first year of funding. UNHCR will work in close collaboration with CDC and other USG agencies for technical guidance on all Emergency Plan program areas.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

UNHCR will contribute 0.4% of PEPFAR-Kenya country targets through providing primary direct support services to 2000 OVC and training 200 caregivers to support OVC. HIV Prevention education will be strongly integrated to the OVC program, both for the OVC as well as their caregivers.

3. LINKS TO OTHER ACTIVITIES

These activities will link to Abstinence/ Be Faithful (#9215), condoms and other prevention UNHCR (#9235) and Counseling and Testing UNHCR (#8980), ARV services (#8982), Basic Health Care and Support (#8736). The various implementing partners in Dadaab camp will work collaboratively under UNHCR guidance to offer appropriate interventions to OVC and their caregivers.

4. POPULATIONS BEING TARGETED

This activity targets the Dadaab refugee community, specifically, their orphans and vulnerable children and their caregivers, unaccompanied minors, older OVC, widows/widowers, HIV/AIDS affected families and People Living with HIV/AIDS.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

This activity helps increasing gender equity in HIV/AIDS programs by ensuring the girl children have equal access to services, and disaggregating data on girl children. It also addresses the wrap around issues of food and education. It will focus on reducing violence and coercion especially as it affects young refugee girls and women. It will also contribute to addressing stigma and discrimination, a rampant problem among the refugees and host population.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15014, 15015, 15016, 15017, 15018

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15014	9215.08	7009	4921.08		United Nations High Commissioner for Refugees	\$200,000
15015	9235.08	7009	4921.08		United Nations High Commissioner for Refugees	\$100,000
15016	8736.08	7009	4921.08		United Nations High Commissioner for Refugees	\$100,000
15017	8980.08	7009	4921.08		United Nations High Commissioner for Refugees	\$200,000
15018	8982.08	7009	4921.08		United Nations High Commissioner for Refugees	\$50,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training
- Wraparound Programs (Health-related)
- * Child Survival Activities

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Estimated PEPFAR dollars spent on food	\$5,000
Estimation of other dollars leveraged in FY 2008 for food	\$40,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	2,000	False
8.1.A Primary Direct	2,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	200	False

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

North Eastern

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3725.08

Prime Partner: Associazione Volontari per il Servizio Internazionale Funding Source: Central GHCS (State)

Budget Code: HKID

Activity ID: 5457.08

Activity System ID: 14734

USG Agency: U.S. Agency for International Development Program Area: Orphans and Vulnerable Children Program Area Code: 08 Planned Funds: \$537,829

Mechanism: N/A

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in counseling and testing ((#8976, #8782, #8781, and #8776); palliative care (#7102, #8936, #8863, #8929, and #8934) and ARV services (#8765, #8792, #8797, and #8813).

2. ACTIVITY DESCRIPTION

The Associazione Volontari per il Servizio Internazionale (AVSI) program will provide quality services to orphans, vulnerable children (OVC), caregivers and the communities through an operative network of 24 local partners. AVSI will follow a strategic approach, outlined in the following: a) to primarily focus on the child as a unique and unrepeatable human being, endowed with dignity and potential, and by nature, not only by necessity, in relationship with family and community; b) to follow a bottom-up approach in the identification of beneficiaries and the choice and delivery of support, that is, to listen to and involve the beneficiaries to the highest degree possible in order to provide them with that which is consistent with their real needs and expectations, in a gender-sensitive manner, and not according to "external" blueprints. Priority will be given to fostering education, since AVSI considers the educative process of the child the main concern, even in the most distressful situations, and key for any other development; c) to ensure that every child supported be cared for by an adult, either in the family or by someone in the community or of a Community Based Organization (CBO); d) to rely on and to enhance the operational capacity of the CBOs through close and continuous working relations between AVSI personnel and every single partner, as well as among the partners themselves through an operational and stable network. The activities and services combine indirect and direct forms of assistance. Direct assistance will include requirements for school attendance, learning materials, after-school programs, vocational training, health care, recreational and emotional support. Indirect assistance will consist of support to quality education, income generating activities (IGAs), community projects and sensitization and family support. The identification of the children is done by the local partners who work in strict collaboration with district authorities. This method allows to reach the most vulnerable ones, not forgetting that HIV/AIDS is but one of the root causes of vulnerability of children and it is interrelated with other factors including poverty and conflict in what is often a vicious cycle. AVSI will work in close contact with its local partners and social workers to jointly establish and update the selection criteria and the characteristics of intervention within each specific community. The identification of the OVC included as direct beneficiaries of the program is left up to each local partner, because we believe that they really know the community and the needs of the children inside their community since the live with them. The activities and services given to each child are decided case by case, according to the personal and family needs. Direct assistance for school requirements of the OVC represents the main percentage of child expenditure and assistance, being the need for education the main need of orphans and the best response for their growth and to promote their self esteem and sustainability for the future. Training and consultations will be provided for individual partners and local networks to address institutional and operational weaknesses and to improve capacity, efficiency and quality. AVSI's strategic approach, in any project and any country, begins with the person at the center, with a "primarily focus on the child as an unique and unrepeatable human being endowed with dignity and potential, and by nature, not only by necessity, in relationship with family and community." Consistent with this method and to guide project implementation, social workers and teachers' training is one of the activities organized specifically to help adults to pay more attention to the child as a person. The fact that near each child who is supported in the program there is always an adult/educator to evaluate his/her situation, to respond to his/her needs and the ones of the family and community, is a method through which each activity is concretely focused on "the child as a person." Given the number of on-the-ground stakeholders, training activities organized for teachers, AVSI social workers, local partners, and families can help to harmonize this way of working. The "Risk of Education" training module takes this principle as its starting point to convey a holistic approach to the adventure of educating a child.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will reach 2900 orphans and vulnerable children and train 280 caregivers.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to counseling and testing, home and community support and ARV services.

5. POPULATIONS BEING TARGETED

This activity will target OVC and their caregivers, community leaders, program managers, religious leaders, volunteers, CBOs, FBOs and NGOs. AVSI will build the capacity of OVC caregivers, such as social workers and teachers. During the training sessions for the social workers, vulnerability is one of the main topics, together with the methods of observation of the child, the identification of his/her needs and how to respond.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The individualized approach to the identification and care of beneficiaries, including the choice of direct and indirect activities to be implemented, is also gender sensitive, in the sense of paying particular attention to the needs of girls, who are generally underestimated in these countries. The personal adult relationship is particularly important for girls to receive the attention and services best suited to their life situation. The other issue to be addressed is stigma and discrimination and wrap around in education and food.

7. EMPHASIS AREAS

Major emphasis area is linkages with other sectors and initiatives and local organization capacity development. Minor emphasis to be addressed is information, education and communication and infrastructure.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6847

Related Activity: 14800, 14960, 14864, 14867, 14964, 14803, 14965, 14868, 14804

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20358	5457.20358. 09	U.S. Agency for International Development	Associazione Volontari per il Servizio Internazionale	9046	3725.09		\$992,000
6847	5457.07	U.S. Agency for International Development	Associazione Volontari per il Servizio Internazionale	4208	3725.07		\$358,280
5457	5457.06	U.S. Agency for International Development	Associazione Volontari per il Servizio Internazionale	3725	3725.06		\$511,135

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14800	8929.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$900,000
14864	8863.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$700,000
14867	8782.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,200,000
14803	8776.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$1,200,000
14964	8976.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$750,000
14965	8765.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$1,950,000
14804	8797.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$2,300,000
14868	8792.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,700,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Estimation of other dollars leveraged in FY 2008 for food \$2

\$26,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	2,900	False
8.1.A Primary Direct	2,900	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	280	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Eastern

Nairobi

Central

Rift Valley

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3726.08

Prime Partner: CARE International

Funding Source: Central GHCS (State)

Budget Code: HKID Activity ID: 5459.08

Activity System ID: 14735

Mechanism: N/A

USG Agency: U.S. Agency for International Development Program Area: Orphans and Vulnerable Children Program Area Code: 08 Planned Funds: \$297,379

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8976), Palliative Care (#7102 and #8936), ARV services (#8765).

2. ACTIVITY DESCRIPTION

CARE Local Links Project is part of CARE (USA) two-country program. The project supports communities to care for OVC households especially those affected by HIV/AIDS. Local Links mainly works through Community Based Organizations and groups to mobilize available resources (human, economic and knowledge systems) for the care and protection of OVC households. Project Activities focus on: 1) Strengthening economic coping mechanisms of OVC families; 2) Capacity building of civil society organizations; and 3) Reducing stigma and discrimination against PLWHA and their children. Local Links will continue to implement in five selected villages in Nairobi's Kibera informal settlement in partnership with 30 civil society organizations, 10 faith-based groups and 12 youth groups and 14 informal primary schools. Local Links will provide further training on areas including economic empowerment, child protection and Lobby and Advocacy aimed at improving their capacity in providing quality services to OVC. Local Links will continue to work with the 10 selected early childhood development (ECD) centers in Kibera to improve the quality of ECD services to OVC in the pre-primary school category. The centers will be supported to provide 1,500 OVC with basic education, food, psychosocial support, legal protection, play and recreation opportunities and safe drinking water. A total of 500 caregivers of the OVC in the ECD centers will be provided with diverse skills in basic hygiene, safe water systems, child protection and economic empowerment so as to ensure quality ECD services for OVC both in the centers and within the household. In 2008 Local Links will continue working with the local CSO partners already receiving support to scale up the provision of quality services to OVC and their families. A total of 510 staff members of partner CBOs will be trained on Child Protection, Paralegallism, Project Development and Management, Resource Mobilization, Lobby and Advocacy, Home Based Care, Psychosocial support, Child Participation and ECD service provision.

3. CONTRIBUTION TO OVERALL PROGRAM

CARE Local Links project will train 600 caregivers (including caregivers of the OVC in the ECD centers) which will directly benefit OVC in residents' families. These caregivers will care for 5,700 OVC. CSOs staff and OVC caregivers will be trained on running Income Generating Activities (IGA), with direct benefits expected to reach OVC under their care. As OVC caregivers establish well run IGAs, Local Links will create linkages between the caregivers operating businesses and external marketing agencies.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to counseling and testing, home based care, and ART services.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues being addressed are stigma and discrimination against PLWHA and OVC under their care, strengthening of the legal protection of the rights of children in general and those of OVC in particular and provision of ECD services to children in marginalized communities by the government. In addition, the youth will be supported to conduct Participatory Education Theater (PET) aimed at changing the community's perception of HIV/AIDS and subsequently reducing the stigma and discrimination experienced by PLWHAs and their families.

6. POPULATIONS BEING TARGETED

Target population include OVC, caregivers, HIV affected/infected families, youth, PLWHA, community and religious leaders, volunteers, program managers, CBO, civil society organizations, FBOs and NGOs.

7. EMPHASIS AREAS

Major emphasis in these activities is on community mobilization/participation. Minor emphasis is on development of network/linkages/referral systems, human resources, IEC, linkages with other sectors and initiatives and local organization capacity development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6848

Related Activity: 14960, 14964, 14965

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20359	5459.20359. 09	U.S. Agency for International Development	CARE International	9047	3726.09		\$444,500
6848	5459.07	U.S. Agency for International Development	CARE International	4209	3726.07		\$265,389
5459	5459.06	U.S. Agency for International Development	CARE International	3726	3726.06		\$396,880

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14964	8976.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$750,000
14965	8765.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$1,950,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Estimation of other dollars leveraged in FY 2008 for food \$13,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	5,700	False
8.1.A Primary Direct	5,700	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	600	False

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Nairobi

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 441.08Mechanism: Capable PartnersPrime Partner:Academy for Educational
DevelopmentUSG Agency:U.S. Agency for International
DevelopmentFunding Source:GHCS (State)Program Area:Orphans and Vulnerable
ChildrenBudget Code:HKIDProgram Area Code:08Activity ID:4947.08Planned Funds:\$4,300,000Activity System ID:1471814718

Other changes since approval in COP 2007:

+AED/Capable Partners is funded to convene the participating sites of the Muangalizi initiative (University of Washington, Eastern Deanery AIDS Relief Program, New York University, TBD/Moi University School of Medicine, and KEMRI/South Rift Valley) on a quarterly basis and to develop and monitor standard indicators. As Capable Partners also serves as an umbrella organization funding nearly 50 grassroots organizations (many of them OVC programs), they will help the sites develop referral links to needed community support services. Finally, they will secure contracted legal/ethical, child psychology/psychiatry and other consulting services to be made available to all sites during the course of the one-year development phase of the initiative.

1. LIST OF RELATED ACTIVITIES

This relates to Capable Partners activities in Other Prevention (#6830), Palliative Care (#6827), AB (#6832) and CT (#6829).

2. ACTIVITY DESCRIPTION

USAID placed support to organizations under an umbrella grant mechanism, the Capable Partners Program (CAP) implemented by the Academy for Educational Development (AED). The Capable Partners Program is designed to strengthen the organizational capacity and sustainability of NGOs, NGO networks, intermediate support organizations (ISOs) and coalitions. In Kenya, the Capable Partners Program strengthens the organizational and technical capacity of organizations working at the community level with HIV/AIDSaffected orphans and vulnerable children, organizations working more broadly to address HIV/AIDS in Kenya and NGOs in other sectors that plan to introduce an HIV/AIDS component into their work. The program manages grant funds to organizations that have been selected through competitive processes. AED's experience in grants management has shown that a grant program is most effective when technical and institutional capacity building are incorporated in the grant-making process. With FY 2007 PEPFAR funds, the Capable Partners Program supported between 35 and 40 partners delivering services to OVC. In FY 2008 the Capable Partners Program will continue to support the same number of partners. Having worked with many of these organizations for a number of years, the focus in FY 2008 will be to scale up their activities to reach more OVC with quality services. It is anticipated that most organizations will have developed the capacity to manage larger grants. All activities are planned within the scope of the national program guidelines on OVCs with a focus on the programming principles and strategies in the priority areas of intervention. In particular, the government's OVC guidelines will be followed, as well as all other pertinent guidelines issued by the Ministry of Home Affairs and the National AIDS Control Council. This activity includes support to the following sub-recipients for activities integral to the program: - ACE Africa; Beacon of Hope; Child Welfare Society of Kenya; Church World Services; Community Asset Building and Development Action; Community Livelihood Development Forum (COLIDEF); CREADIS; Health Education Africa Resource Team (HEART); Helpage International; Homeless Children Intl.; Hope Valley Family Institute (HVFI); Hope Worldwide; KENWA; Kenya Basic Support Foundation; Makindu Children's Centre; Neighbours in Action; Rafiki wa Maendeleo; RAPADO; Ripples International; SFIC; St Camillus Dala Kiye; St Mary's Medical Centre, Kapsoya; Tesia Isanga Organisation; Tropical Institute for Community Health; Twana Twitu; Wajir South Development Association (WASDA); WEM Integrated Health Services (WEMIHS); Wema Center; Women and Youth Against AIDS and Poverty (WAYAAP); Youth Action for Rural Development; New grants (6).

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Activities that will be implemented under the Capable Partners Program will continue to support the National Plan of Action for Orphans and Vulnerable Children. In FY 2008 CAP will work with each partner to expand their coverage and reach at least 25% more OVC. CAP will assist all partners in the design and delivery of quality programs consistent with national policies and initiatives for orphans and vulnerable children. Through its partners, CAP will reach 40,000 OVC with care and support, and will train 10,000 providers and caretakers of OVC.

4. LINKS TO OTHER ACTIVITIES

CAP has developed an excellent working relationship with the Department of Children's Services in the Office of the Vice President and Ministry of Home Affairs. This will enable CAP to create linkages between sub-recipients and children's officers in the districts in which projects are being implemented. At the community level, organizations will be assisted to create and sustain linkages with other appropriate USG-funded programs. These are programs that have interventions aimed at: strengthening community mechanisms to cope with the impact of HIV/AIDS, prolonging the lives of and providing care and support to PLWHAs, and linking with other programs providing and promoting Palliative Care: Basic Health Care and Support (#6827), Abstinence and Be Faithful (#6832), Counseling and Testing (#6829) and Other Prevention (#6830). This activity is linked to APHIA II's HBHC activity (#5285) for home based care services, CT activity (#4190) for counseling and testing and ARV Services (#5367) for treatment.

5. POPULATIONS BEING TARGETED

This activity primarily targets orphans and vulnerable children, adolescents, particularly girls, as well as young adults, caregivers and community-based and Faith-based organizations as well as NGOs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

None

7. EMPHASIS AREAS

The major emphasis is Local Organization Capacity Development and the minor emphases are training, and development of network/linkages/referral systems

Continuing Activity: 6831

Related Activity: 14714, 14716, 14717, 14719

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20341	4947.20341. 09	U.S. Agency for International Development	Academy for Educational Development	9037	441.09	Capable Partners	\$4,583,569
6831	4947.07	U.S. Agency for International Development	Academy for Educational Development	4198	441.07	Capable Partners	\$4,200,000
4947	4947.06	U.S. Agency for International Development	Academy for Educational Development	3247	441.06	Capable Partners	\$3,200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14714	5091.08	6920	441.08	Capable Partners	Academy for Educational Development	\$800,000
14717	4214.08	6920	441.08	Capable Partners	Academy for Educational Development	\$450,000
14719	4847.08	6920	441.08	Capable Partners	Academy for Educational Development	\$500,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Estimation of other dollars leveraged in FY 2008 for food \$86,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	40,000	False
8.1.A Primary Direct	40,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	10,000	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4919.08 Prime Partner: Pathfinder International Funding Source: GHCS (State) Budget Code: HKID

Activity ID: 9067.08

Activity System ID: 14702

Mechanism: APHIA II - North Eastern USG Agency: U.S. Agency for International Development Program Area: Orphans and Vulnerable Children Program Area Code: 08 Planned Funds: \$1,200,000

1. LIST OF RELATED ACTIVITIES

This activity relates to counseling and testing (#8778), ARV Services (#8805) and Palliative Care: basic health care and support (#8867).

2. ACTIVITY DESCRIPTION

This activity relates to expanded support to be provided to OVC in hard to reach areas. APHIA II NEP will provide integrated, age-appropriate services to build resilience of children infected with and affected by HIV/AIDS. Emphasis will be placed on development of healthy and supportive home and community environments where OVC and guardians/families have access to psychosocial support, education, health and nutrition services, economic livelihood support, shelter and protection from exploitation and abuse. Institutional capacity and technical expertise of implementing partners will be strengthened. OVC support will be integrated with and linked to the project's home and community support. Village Health Committees and implementing partners will identify OVC, who are often in the same households as those individuals receiving home-based care and support. It is anticipated that in FY 2008 a total of 5,000 will be reached. Training of individuals in caring for OVC will cover 500 care givers. Local implementing partners and community based organizations will be given capacity as appropriate in order provide care and support for OVC. Caretaker support groups will include OVC needs.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the overall FY 2008 Emergency Plan OVC targets for Kenya ensuring equity in these marginalized, inhospitable and hard to reach areas. Through its OVC activities APHIA II NEP will address the primary needs of 5,000 OVC and train 500 caregivers.

4. LINKS TO OTHER ACTIVITIES

This activity will be closely linked with other APHIA II North Eastern Province activities in counseling and testing (#8778), ARV Services (#8805) and Palliative Care: basic health care and support (#8867).

5. POPULATIONS BEING TARGETED

This activity targets orphans and vulnerable children, caregivers, community health workers, teachers, guardians, educators and volunteers involved with OVC. It also targets community-based and faith-based organizations in the area.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Issues addressed are stigma and discrimination by developing education for the community about OVC in an effort to reduce stigma as well as wrap around services for the OVC in the area of food and education.

7. EMPHASIS AREAS

This activity includes major emphasis on child protection through capacity building of local implementing partners and community health workers (CHWs). Minor emphasis is in the area of community mobilization and the development of information, education and communication as they relate to the needs of the OVC. Community involvement in the design and implementation of activities will play an integral part in ensuring the success of this result area.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9067

Related Activity: 14700, 14703, 14704

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20189	9067.20189. 09	U.S. Agency for International Development	Pathfinder International	8984	4919.09	APHIA II - North Eastern	\$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14700	8867.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$500,000
14703	8778.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$400,000
14704	8805.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$600,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Estimation of other dollars leveraged in FY 2008 for food \$24,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	5,000	False
8.1.A Primary Direct	5,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	500	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children People Living with HIV / AIDS Refugees/Internally Displaced Persons Religious Leaders Teachers

Coverage Areas

North Eastern

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3729.08

Prime Partner: World Concern

Funding Source: Central GHCS (State)

Budget Code: HKID

Activity ID: 5467.08

Activity System ID: 15067

Mechanism:Support to Ophans and
Vulnerable Children Affected
by HIV/AIDSUSG Agency:U.S. Agency for International
DevelopmentProgram Area:Orphans and Vulnerable
ChildrenProgram Area Code:08Planned Funds:\$426,896

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8976, #8782, #8760, #8776, #8781, and #8777), Palliative Care (#7102, #8936, #8863, #8928, #8929, #8934, and #8931), ARV services (#8765, #8792, #8774, #8797, #8813 and #8826).

2. ACTIVITY DESCRIPTION

Ten member agencies of the Association of Evangelical Relief and Development Agencies (AERDO) have come together in the AERDO HIV/AIDS Alliance (AHA) to mobilize comprehensive community and faithbased responses to HIV/AIDS. Six of these AHA agencies are in Kenya and will work together to meet the needs of orphans and vulnerable children (OVC). Building upon the complementary strengths and coverage of these agencies, the AHA will integrate community interventions for the care of OVC. These agencies share the distinction that they all work in partnership with local churches and community-based organizations. They will collaborate to help churches and communities increase their compassionate care and support to OVC while improving their quality of life. A firm foundation for the program has been laid in the first and second year with programs expanded and goals met. This third year will see a larger outreach in the numbers of OVC as the agencies have a full year to mobilize the churches and CBOs. There has been strong success in the recruiting and retaining of volunteers that are the core of providing individual care to the children in need. The creation of programs within the national churches and CBOs allows for program self sustainability. As identifying OVC individually as HIV/AIDS affected can create significant stigma we have focused our areas of intervention in high prevalence areas. Possible interventions include training and/or inputs for the following: help doing regular chores, business training, micro credit loans, vegetable gardens, livestock, protection of property, basic health care, psychosocial support, care giver support groups, food, adult role models, formal education and/or vocational training. The need and resources will be considered for each OVC and a plan made on how to help. The volunteers will bring training to the household on the many issues above as they apply to that household. Their resources are being mobilized and volunteers trained so that they can continue serving OVC and their caregivers after USAID grant funding ends. This activity also includes support to the following sub recipients for activities integral to the program World Relief (WR), Christian Reformed World Relief Committee (CR), Food for the Hungry (FH), Nazarene Compassionate Ministries (NC), Medical Assistance Program (MA) and World Concern Development Organization (WC).

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the Kenya 5-year strategy by reaching 15,500 OVC affected by HIV/AIDS and training of 1000 caregivers.

4. LINKS TO OTHER ACTIVITIES

In many areas of OVC need we will be linking with other agencies. For health care each partner will find available services in their area of operation. They will then refer OVC and care givers in need to the hospital or clinic as required. Referrals will be made to local VCT centers in each location.

5. POPULATIONS BEING TARGETED

This project is narrowly focused on OVC and their care givers. The goal is to work primarily with HIV/AIDS affected households, but care will be taken to not create stigma. To accomplish this work we will work through community leaders, teachers, religious leaders and volunteers. CBO and FBO in the form of churches and para church organizations will be the foundation of the project.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Through the OVC project we will work with women care givers to provide economic activities. Wrap rounds for food, micro credit and education are all interventions that will be carried out during the year as part of supporting care givers and caring for OVC.

7. EMPHASIS AREAS

The major emphasis of the program will be information, education, communication, local organization capacity development and minor emphasis will be community mobilization/participation and development of network/linkages/referral systems.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7130

Related Activity: 14800, 14780, 14995, 14864, 14961, 14964, 14867, 14998, 14803, 14965, 14868, 14999, 14785, 14804, 14784

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19940	5467.19940. 09	U.S. Agency for International Development	World Concern	8923	3729.09	Support to Orphans and Vulnerable Children Affected by HIV/AIDS	\$825,000
7130	5467.07	U.S. Agency for International Development	World Concern	4311	3729.07	Support to Ophans and Vulnerable Children Affected by HIV/AIDS	\$1,177,280
5467	5467.06	U.S. Agency for International Development	World Concern	3729	3729.06	Support to Ophans and Vulnerable Children Affected by HIV/AIDS	\$791,525

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14780	8928.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$900,000
14800	8929.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$900,000
14864	8863.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$700,000
14995	8931.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$900,000
14998	8777.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$1,100,000
14867	8782.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,200,000
14964	8976.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$750,000
14803	8776.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$1,200,000
14804	8797.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$2,300,000
14785	8774.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$3,050,000
14965	8765.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$1,950,000
14868	8792.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,700,000
14999	8826.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$3,300,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Estimation of other dollars leveraged in FY 2008 for food \$12,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	15,500	False
8.1.A Primary Direct	15,500	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	1,000	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas		
Central		
Eastern		
Nairobi		
Nyanza		
Rift Valley		
Western		

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4955.08 Prime Partner: US Department of State

Funding Source: GHCS (State)

Budget Code: HKID Activity ID: 9079.08 Activity System ID: 15042 Mechanism: Community Grants Program USG Agency: Department of State / African Affairs Program Area: Orphans and Vulnerable Children Program Area Code: 08 Planned Funds: \$350,000

Activity Narrative: Updated August 2008 reprogramming. -- funds moved from USAID (USAID/.GP and FHI/COAST) to State/CGP

THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity is related to the community grants program administrative and sponsorship support (#9079).

2. ACTIVITY DESCRIPTION

The PEPFAR Coordination Office in Kenya continuously receives concept papers proposing communitylevel interventions for HIV/AIDS related activities, with the majority of requests focused on support to AIDS orphans and other vulnerable children. In past years, the Coordination Office has shared these unsolicited requests with its "umbrella" implementing partners, the Cooperative Housing Foundation (CHF) and Academy for Educational Development's Capable Partners Program, for action. However, these umbrella groups are unable to absorb the high demand for support. To better meet the needs of these community organizations, the PEPFAR Coordination Office will establish a PEPFAR Community Grants Program (CGP) within the Ambassadors' Special Self-Help Fund (SSH) at the U.S. Embassy. Local organizations including community-based organizations (CBOs), faith-based organizations (FBOs), and registered selfhelp groups providing support to AIDS orphans and vulnerable children will be eligible to apply for funding under the HKID program area. These grants will be designed to provide one-time assistance to communities with small-scale projects that provide care and/or economic support to children affected by AIDS at the grassroots level. These grants may include support for developing microcredit enterprises for caregivers or older youth, school fees program, and youth-friendly centers that offer a safe place to learn about HIV and AIDS prevention and treatment, among others. Working with current SSH partners such as the District Social Development Officers, grassroots groups may also be identified for support. Unsolicited proposals will be ranked and evaluated by the grants manager prior to review by a full committee comprised of representatives from the PEPFAR Coordination Office. CHF, and the Capable Partners Program. The committee will meet with the grants officer on a quarterly basis to review final applicants and to share lessons learned on community grants program implementation. HKID funding for this activity will cover costs of grants. In FY 2008 we will support approximately 25-30 grants of \$5,000 - \$10,000 each. At least 1,000 OVC and 300 care givers will receive support under this activity.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes to broadening support for basic health care and support in both the palliative care and orphans and vulnerable children program areas. Establishing a dedicated office for awarding community grants not only provides an opportunity to assist those most in need, but also develops local organizational capacity to handle future funding from the USG and other support systems.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to correlated activities in the HBHC program area (#9079), and cross-cuts with other OVC activities.

5. POPULATIONS BEING TARGETED

This activity targets orphans and vulnerable children, HIV/AIDS-affected families, people living with HIV/AIDS, CBOs and FBOs.

KEY LEGISLATIVE ISSUES ADDRESSED The Community Grants Program will support wrap around issues in food, microfinance, and education.

7. EMPHASIS AREAS

Major emphasis areas include local organization capacity development with minor emphasis in community mobilization/participation and food/nutrition.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9079

Related Activity: 15064

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20572	9079.20572. 09	Department of State / African Affairs	US Department of State	8934	4955.09	Community Grants Program	\$0
9079	9079.07	U.S. Agency for International Development	US Agency for International Development	5450	5450.07	Community Grants Program	\$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15064	8825.08	7028	4955.08	Community Grants Program	US Department of State	\$100,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	1,000	False
8.1.A Primary Direct	1,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	300	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Mechanism ID: 4917.08

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 9056.08

Activity System ID: 14963

Mechanism: APHIA II - Central

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$1,650,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to counseling and testing (#8976), ARV Services (#8765) and palliative care: Basic Health Care and Support (#8936).

2. ACTIVITY DESCRIPTION

This activity relates to expanded support to be provided to OVC. Pathfinder International (PI), the lead partner in APHIA II Nairobi/Central, will partner with Christian Children's Fund (CCF) to provide integrated, age-appropriate services to build resilience of children infected with and affected by HIV/AIDS. Emphasis will be placed on development of healthy and supportive home and community environments where OVC and guardians/families have access to psychosocial support, education, health and nutrition services, economic livelihood support, shelter and protection from exploitation and abuse. Institutional capacity and technical expertise of implementing partners will be strengthened. OVC support will be integrated with and linked to the project's home and community support. Village Health Committees and implementing partners will identify OVC, who are often in the same households as those individuals receiving home-based care and support.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

It is anticipated that in FY 2008 a total of 13,600 OVC in Nairobi and 20,000Central (total 33,600) will be reached. Training of individuals in caring for OVC will cover 1,400 people in Nairobi and 2,100 in Central (total caregivers 3,500). A total of 50 implementing partners (IP) (20 in Nairobi; 30 in Central) will be supported to provide care and support for OVC. Caretaker support groups will include OVC needs (8 in Nairobi and 12 in Central). This will contribute to the overall 2008 emergency Plan OVC targets for Kenya.

4. LINKS TO OTHER ACTIVITIES

This activity will be linked with other Pathfinder International APHIA II activities in the areas of counseling and testing (#8976), ARV Services (#8765) and Palliative Care: Basic Health Care and Support (#8936) in both Central and Nairobi Provinces.

5. POPULATIONS BEING TARGETED

This activity targets orphans and vulnerable children, caregivers, Community Health Workers, guardians and educators involved with OVC. Capacity building efforts with the local communities will focus on the community and religious leaders as well as partnering with other community and faith based groups that exist in the area.

6. KEY LEGISLATIVE ISSUES ADDRESSED Issues addressed are stigma and discrimination and the wrap around services in food and education.

7. EMPHASIS AREAS

This activity includes major emphasis in the development of the local organization and minor emphasis in the areas of community mobilization and participation.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9056

Related Activity: 14965, 14960, 14964

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20177	9056.20177. 09	U.S. Agency for International Development	Pathfinder International	8983	4917.09	APHIA II - Central	\$3,400,000
9056	9056.07	U.S. Agency for International Development	Pathfinder International	4917	4917.07	APHIA II - Central / Nairobi	\$2,700,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14964	8976.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$750,000
14965	8765.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$1,950,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Estimation of other dollars leveraged in FY 2008 for food \$66,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	33,600	False
8.1.A Primary Direct	33,600	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	3,500	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Central

Nairobi

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 286.0	38	Mechanism:	N/A
Prime Partner: New	York University		HHS/Centers for Disease Control & Prevention
Funding Source: GHC	S (State)	Program Area:	Orphans and Vulnerable Children
Budget Code: HKID)	Program Area Code:	08
Activity ID: 1247	6.08	Planned Funds:	\$150,000

Activity System ID: 14948

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE HAS BEEN UPDATED TO REFLECT CHANGES.

This activity was begun with 2007 plus-up funds and is part of a five-site effort to strengthen the link between clinical and household settings for HIV+ children. All sites meet regularly with a sixth entity, AED/Capable Partners, for real-time sharing of lessons learned and review the effectiveness of different approaches in preparation for scale-up.

The Mwangalizi model is being tested in response to concern expressed by clinicians that assuring optimal care for HIV+ OVC was difficult in many instance because they were accompanied to different clinic visits by different relatives or community members, necessitating constant re-education of adults managing care of children.

Central to the approach is recruitment of adult patients who are successfully managing their own care to accompany pediatric patients to all clinic visits when a consistent caregiver from the household is not available. These "accompagnateurs" will be trained to be on watch for development of side effects or complications, remunerated for their time, and expected to perform home visits to monitor medication consumption. They will also be expected to develop an ongoing and supportive relationship with the OVC household, assess the social environment and refer for needed services, and seek wherever possible to identify a household or community contact who can be prepared to assume the long-term responsibility of being a treatment advocate for the child.

Sites were carefully selected to represent a cross section of Nairobi and coastal urban slum (Eastern Deanery, Coptic, and Bomu), peri-urban (AMPATH/Eldoret, Bomu) and rural (Kericho District Hospital) communities. Standard measures of household and clinician satisfaction with the value-added by the accompagnateur, accompagnatuer satisfaction with the experience, and clinical progress of OVC participating in the program will be tracked. Numbers of OVC served are captured under care and treatment activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12476

Related Activity: 14946, 14906, 15038, 14774, 14830, 14718, 14949

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20210	12476.2021 0.09	HHS/Centers for Disease Control & Prevention	New York University	8990	286.09		\$150,000
12476	12476.07	HHS/Centers for Disease Control & Prevention	New York University	4270	286.07		\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14946	4133.08	6984	286.08		New York University	\$175,000
14906	12478.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$300,000
14774	12477.08	6943	282.08		Eastern Deanery AIDS Relief Program	\$250,000
15038	12475.08	7020	483.08		University of Washington	\$150,000
14718	4947.08	6920	441.08	Capable Partners	Academy for Educational Development	\$4,300,000
14830	12474.08	6953	521.08	USAID-AMPATH Partnership	Indiana University	\$300,000
14949	4134.08	6984	286.08		New York University	\$1,340,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

* Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	32	False

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Coast

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4918.08 Prime Partner: Program for Appropriate Technology in Health

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 9073.08

Activity System ID: 14997

Mechanism: APHIA II - Western USG Agency: U.S. Agency for International Development Program Area: Orphans and Vulnerable Children Program Area Code: 08 Planned Funds: \$4,400,000

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in counseling and testing (#8777), TB/HIV (#9068), PMTCT (#8738) and Palliative Care: home based care (#8931).

2. ACTIVITY DESCRIPTION

The majority of Kenya's 1.7 million orphans, having lost one or more parents to AIDS, live in precarious conditions. OVC are frequently left behind in terms of education, life skills, access to health services and nutrition, and they are at greater risk of HIV infection and domestic violence. The FY 2007 COP activity addressed OVC needs within the context of the six essential elements of OVC support. These essential services were agreed upon by all stakeholders and include: nutrition, education, health, protection, psychosocial support, basic material needs and livelihood capacity building. In order to ensure an agreed upon level of quality for each of these services, all seven are being defined by the OVC ITT and OVC PEPFAR stakeholders. The FY 2006 focus of AED/Speak for the Child Program was to train household mentors through community based organizations to support OVC. AED has implemented global health programs for more than 30 years and planned to work with existing local implementing partners in the new districts to enroll new OVC and extend services to older OVC. In its scale up AED/Speak for the Child program selected experienced community based organizations (CBOs) with extensive outreach to OVC. CBOs were to recruit and train household mentors in the SFC program, establish school, health clinic, and pharmacy agreements and procure commodities. Trained mentors visit households weekly to facilitate household problem-solving with caregivers on issues of health, nutrition, and psychosocial care. In FY 2006 COP, the COPHIA activity applied approaches and activities to include: a Community Health Worker role in monitoring health; training service providers in pediatric HIV/AIDS; strengthening linkages to specialized pediatric services; 2-way clinic-community referrals; vocational training; provision of uniforms, books and shoes; linking secondary students to bursaries; nutrition education; food production; income generating activities; training teachers in child counseling; support to community based counselors, paralegals and support groups; obtaining clothing and housing improvements; and involving the community for improved linkages with relevant services. The FY 2006 COP focus for World Vision Kenya activity included training of church leaders, traditional birth attendants, youth peer educators, community psychosocial counselors, PMTCT service providers and community based organizations/faith based organizations (CBO/FBO) staff in providing HBC, supporting voluntary counseling and testing (VCT) services, providing food aid and treatment of infections for needy HIV-positive orphans and vulnerable children (OVC), life skills training for older OVC, micro-enterprise development for foster families and assisting with the payment of OVC school fees. This FY 2008 COP APHIA II Western activity will continue the expansion of support for orphans and vulnerable children in Western Province, building on the support previously provided through USAID's World Vision, COPHIA, and AED projects. The detailed activity will be enunciated through discussions with the consortia that will be awarded the cooperative agreement.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The FY 2008 activities will reach 42,500 OVC and train 4,250 caregivers. The APHIA II Western will respond to the National OVC Action Plan by mobilizing communities, building family and community capacity to protect and care for OVC, and improving access to health, education, food and shelter. The APHIA II Western will ensure that GOK policies and guidelines are utilized and communicated, and staff participates in national level HIV Technical Working Groups.

4. LINKS TO OTHER ACTIVITIES

OVC activities are an element of home and community support. Prevention is a cross-cutting theme. CHWs link clients with PMTCT, ART and non-ART services and provide follow-up. This activity is linked to the APHIA II for Palliative Care: home and community support (#8931), counseling and testing (#8777), TB/HIV (#9068), and PMTCT (#8738).

5. POPULATIONS BEING TARGETED

Individuals infected and affected by HIV/AIDS, OVC - especially the girl child and caregivers. By focusing on building the local capacity of caring for the OVC efforts will also target community and religious local leaders as well as partnering with community and faith based organizations.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Increased gender equity in HIV/AIDS will be addressed by ensuring the girl child receives equitable OVC services. Wrap around services in the area of food and education will also be addressed by building the local capacity along other existing community institutions in serving the needs of the OVC.

7. EMPHASIS AREAS

Major emphasis area is in development of network/linkages

referral and minor emphasis is training and community mobilization as well as in local organization capacity and development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9073

Related Activity: 14992, 14995, 14996, 14998, 14999

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20075	9073.20075. 09	U.S. Agency for International Development	Program for Appropriate Technology in Health	8958	4918.09	APHIA II - Western	\$4,500,000
9073	9073.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	4918	4918.07	APHIA II - Western	\$3,100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14992	8738.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$2,300,000
14995	8931.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$900,000
14996	9068.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$300,000
14998	8777.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$1,100,000
14999	8826.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$3,300,000

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

* Child Survival Activities

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Estimation of other dollars leveraged in FY 2008 for food \$8

\$88,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	42,500	False
8.1.A Primary Direct	42,500	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	4,250	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Religious Leaders

Teachers

Coverage Areas

Western

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3724.08
Prime Partner: PLAN International

Funding Source: Central GHCS (State)

Budget Code: HKID

Activity ID: 5452.08

Activity System ID: 14968

Mechanism:Breaking BarriersUSG Agency:U.S. Agency for International
DevelopmentProgram Area:Orphans and Vulnerable
ChildrenProgram Area Code:08Planned Funds:\$920,040

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8760, #8976, #8777), PMTCT (#8734, #8729, #8738), ARV Services (#8774, #8765, #8826) and Palliative Care: Basic Health Care and Support (#8928, #8936, #8931).

2. ACTIVITY DESCRIPTION

Plan USA is the prime for Breaking Barriers, a Track One Centrally Funded program, among a consortium of Hope for African Children Initiative (HACI). The partners in Kenya include Save the Children (HACI member), World Conference of Religions for Peace (HACI member), Pandpieri Catholic Center, Rangala Child and Family Development Program, St. Johns Community Center and the Inter-religious Council of Kenya (IRCK). Program activities are concentrated in the urban areas of Kisumu (Nyanza Province) and Nairobi and in rural parts of Siaya district in Western Kenya. The program will emphasize expanding OVC access to school and school-based services such as HIV awareness, prevention and psychosocial support; home-based care and nutritional support for OVC and families and in engaging religious groups and PLWHA in combating stigma and discrimination. Over 120 OVC households in rural Siaya will receive farm inputs, while over 100 OVC households in Nairobi will receive IGA training and support. IRCK will also train 1300 religious leaders on advocacy and stigma reduction, support 6 PLWHA groups in psychosocial support (PSS) and 6 organizations in capacity building. The project will make substantial strides towards its strategic objective to expand sustainable, effective, quality OVC programs in education, psychosocial support and community-based care for children and families affected by HIV/AIDS, using an extensive network of schools (both formal and informal) and religious institutions as a coordinated platform for rapid scale up and scale out. Intermediate results are threefold. The first is to improve the education, psychosocial support, and community-based care services for 12,500 OVC and families affected by HIV/AIDS. Education, life skills training, and HIV-prevention will be accomplished by supporting formal and non formal school options, which expand OVC enrollment and attendance and promote teacher and child knowledge of HIV/AIDS and behavior change skills to prevent HIV infection. PSS will be promoted in schools through teacher training, development of new curriculum and organization, support of child counseling, recreational activities and peer support groups. FBOs and other groups will be strengthened in their efforts to provide referral, counseling and spiritual support for children and families, identify unmet basic material needs and increase access to resources to meet them. The second intermediate result is building capacity and mobilizing resources for care and support to OVC and families. This result will increase the capacity of vulnerable children, families and communities to mobilize and manage internal and external resources needed for quality care and support for children and families affected by HIV/AIDS. This goal is accomplished by building the capacity of local organizations in skills such as needs assessment, strategic planning, project design, resource mobilization, community organizing, program management, and monitoring and evaluation. Building capacity of individuals will be done by training 1,200 community resource people (teachers, caregivers, religious leaders, and children) in improved methods for provision of education, psychosocial support, and community based care. The third intermediate result is to create a supportive environment for OVC and their families. This entails creating an environment in which children, families and communities working with the government, faith-based organizations and civil society advocate for the provision of essential services, and reduce stigma and discrimination related to HIV/AIDS. Religious leaders trained in stigma reduction and advocacy skills will campaign, in collaboration with PLWHA community leaders and children, with positive messages to raise HIV/AIDS awareness. Non-discriminatory school policies, positive environments, and activities that reduce stigma and empower OVC through a collaboration of children with teachers and administrators will be designed and implemented.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Breaking Barriers seeks to increase OVC access to education, psychosocial support and home-based care for both children and their caregivers. Thus, access to education shall be increased both directly, by eliminating common barriers keeping OVC from school, and indirectly, by addressing their psychosocial and physical health needs and those of their families, and by addressing HIV/AIDS-related stigma. The program will reach 12,500 OVC and train over 1,200 individuals in caring for OVC.

4. LINKS TO OTHER ACTIVITIES

This activity will be linked to health facilities in the area on issues of Counseling and Testing (#8760, #8976, #8777), PMTCT (#8734, #8729, #8738), HIV/AIDS treatment: ARV Services (#8774, #8765, #8826) and Palliative Care: Basic Health Care and Support (#8928, #8936, #8931).

5. POPULATIONS BEING TARGETED

Target population will be children and youth, OVC and their caregivers, HIV affected and/or infected children and their families and people living with HIV/AIDS. This activity will also reach street youth and out of school youth, religious leaders, volunteers, policy makers, teachers, health care providers, community and faith based organizations and rural communities.

KEY LEGISLATIVE ISSUES ADDRESSED Issues addressed will be volunteers, stigma and discrimination, and education.

7. EMPHASIS AREAS

Major emphasis area is community mobilization/participation and minor emphasis area is information, education and communication and local organization capacity development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7017

Related Activity: 14777, 14957, 14992, 14780, 14961, 14995, 14998, 14964, 14783, 14999, 14965, 14785

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20195	5452.20195. 09	U.S. Agency for International Development	PLAN International	8985	3724.09	Breaking Barriers	\$1,155,000
7017	5452.07	U.S. Agency for International Development	PLAN International	4272	3724.07	Breaking Barriers	\$576,975
5452	5452.06	U.S. Agency for International Development	PLAN International	3724	3724.06	Breaking Barriers	\$305,739

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14777	8734.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$650,000
14992	8738.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$2,300,000
14957	8729.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$425,000
14995	8931.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$900,000
14780	8928.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$900,000
14783	12482.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$800,000
14998	8777.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$1,100,000
14964	8976.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$750,000
14965	8765.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$1,950,000
14999	8826.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$3,300,000
14785	8774.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$3,050,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

- * Economic Strengthening
- * Education

Food Support

Estimation of other dollars leveraged in FY 2008 for food \$4

\$46,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	12,500	False
8.1.A Primary Direct	12,500	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	1,200	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

Nairobi Nyanza Western	Coverage Areas			
	Nairobi			
Western	Nyanza			
	Western			

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5003.08 Prime Partner: Price Waterhouse Coopers Funding Source: GHCS (State) Budget Code: HKID

Activity ID: 4952.08

Activity System ID: 14987

Mechanism: N/A USG Agency: U.S. Agency for International Development Program Area: Orphans and Vulnerable Children Program Area Code: 08 Planned Funds: \$2,000,000

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in APHIA II programs in the country (#9029, #9041, #9048, #9053, #9056, #9067, #9071, #9073).

2. ACTIVITY DESCRIPTION

USAID will partner with PricewaterhouseCoopers to provide scholarships to students who have been orphaned by HIV/AIDS and who are in secondary and tertiary institutions. This activity will result in increased access to education; increased retention rates and improved quality of education for approximately 3,000 children orphaned by HIV/AIDS with special emphasis on girls. These scholarships also include payment of school fees for the previous OVC who were being supported from FY 2005. By FY 2009 these will phase out, enough funds have been budgeted to cover up to FY 2009. The activity will administer scholarship and sponsorship nationally to needy students, with a reach to the grassroots and a capacity to reach orphans from all the regions so that they can benefit from these scholarships. This activity will advocate for the children's rights to education and develop intervention strategies to increase access to education in collaboration with the Department of Children's Services, head of schools and institutions, and the local administration (Chiefs) will identify these orphaned children and nominate them as the recipients of the scholarships. In each district there is an Area Advisory Council for OVC who will play a crucial role in the selection process. This will also initiate ownership and sustainability of the program once USAID support is phased out.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA This program will give 3,000 orphans better access to higher education.

4. LINKS TO OTHER ACTIVITIES

This activity will link to APHIA II programs in the country (#9029, #9041, #9048, #9053, #9056, #9067, #9071, #9073) which are specifically targeting orphans and vulnerable children.

5. POPULATIONS BEING TARGETED

The target is orphans and other vulnerable children as well as community and religious leaders and volunteers. The activity also targets community-based and faith-based organizations.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This program will increase gender equity in HIV/AIDS programs by promoting the education of female students.

7. EMPHASIS AREAS

The major emphasis is training with minor emphasis area being Linkages with Other Sectors and Initiatives.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7084

Related Activity: 14958, 14964, 14807, 14812, 14862, 14867, 14698, 14703, 14778, 14784, 14798, 14803, 14993, 14998

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7084	4952.07	U.S. Agency for International Development	Price Waterhouse Coopers	5003	5003.07		\$1,500,000
4952	4952.06	U.S. Agency for International Development	Price Waterhouse Coopers	3618	3618.06		\$850,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14778	8989.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$1,800,000
14798	9070.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$2,100,000
14807	8950.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000
14862	8725.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$2,300,000
14698	9074.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$1,000,000
14958	8731.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$1,150,000
14993	8994.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$2,100,000
14998	8777.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$1,100,000
14964	8976.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$750,000
14703	8778.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$400,000
14867	8782.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,200,000
14812	8781.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000
14803	8776.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$1,200,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	3,000	False
8.1.A Primary Direct	3,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Target Populations

Other

Orphans and vulnerable children People Living with HIV / AIDS Religious Leaders

Teachers

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3588.08

Prime Partner: Population Services International Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 9053.08

Activity System ID: 14983

Mechanism:APHIA II - Health
Communication & MarketingUSG Agency:U.S. Agency for International
DevelopmentProgram Area:Orphans and Vulnerable
ChildrenProgram Area Code:08Planned Funds:\$400,000

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Being Faithful (#8950, #8725, #8731, #9070, #9074, #8994, #8989), Counseling and Testing (#8760, #8776, #8777, #8778, #8781, #8782, #8976), PMTCT (#8729, #8733, #8734, #8738, #8752, #8764) and ARV Services (#8765, #8774, #8792, #8797, #8805, #8813, #8826).

2. ACTIVITY DESCRIPTION

Health Communication and Marketing (HCM) is an integrated project, focused primarily (at least 75%) on HIV/AIDS prevention care and treatment in support of other PEPFAR activities in Kenya. The purpose of the HCM award is to improve health outcomes through increased care, prevention and other healthy behaviors. This will be done through marketing and communications activities within the health sector. This activity will also build the sustainability of local organizations to do this work. The objectives of this activity in HIV/AIDS is to build the capacity of local institution(s) in Kenya's commercial, non-governmental, and/or faith-based sectors by working in collaboration with them to develop and manage a cost-effective marketing, information and communication strategy, and distribution network that improves availability and access by key populations to information related to HIV/AIDS; develop and manage a communications initiative to increase knowledge and change behavior of Kenyans with respect to HIV/AIDS including interpersonal communication; and develop the management and technical capacity of these organizations to manage and implement social marketing and communications programs. This will improve the care and understanding of orphans and vulnerable children and their caregivers.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY 2008, this partner will develop and disseminate communication messages/materials on OVC issues in a wider forum. It will also promote messages on abstinence and the importance of faithfulness within marriage. This activity will generate demand for information about OVC and caregivers. However no direct targets will be achieved but more population will be enlightened on OVC issues and it is assumed that more OVC and caregivers will be reached indirectly.

4. LINKS TO OTHER ACTIVITIES

The Health Communications and Marketing project is a national level activity that will enforce messages through mass media and interpersonal communication developed in collaboration with projects working at the regional level. These projects will "feed into" the development of population-specific messages which will strengthen peer education interventions implemented on the ground. This activity has links in the following activities: Abstinence and Being Faithful (#8950, #8725, #8731, #9070, #9074, #8994, #8989), Counseling and Testing (#8760, #8776, #8777, #8778, #8781, #8782, #8976), PMTCT (#8729, #8733, #8734, #8738, #8752, #8764) and ARV Services (#8765, #8774, #8792, #8797, #8805, #8813, #8826).

5. POPULATIONS BEING TARGETED

OVC messages will primarily focus general population, caregivers, widows, widowers, policy makers, community and religious leaders as well as community-based and faith-based organizations.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Messages developed will address gender norms and behavior, stigma and discrimination.

7. EMPHASIS AREAS

HCM is primarily a communications activity focusing on the development of information, education and communication. However, they will also mobilize communities through interpersonal communication, make linkages with other sectors for message development (e.g. CT, PMTCT), and train individuals in message development and communication.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9053

Related Activity: 14777, 14797, 14806, 14861, 14957, 15989, 14992, 14993, 14958, 14698, 14862, 14807, 14798, 14778, 14998, 14867, 14703, 14964, 14784, 14803, 14812, 14999, 14965, 14704, 14868, 14785, 14804, 14813

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20099	9053.20099. 09	U.S. Agency for International Development	Population Services International	8965	3588.09	APHIA II - Health Communication & Marketing	\$200,000
9053	9053.07	U.S. Agency for International Development	Population Services International	4289	3588.07	APHIA II - Health Communication & Marketing	\$600,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14797	8733.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$3,000,000
14806	8764.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000
14861	8752.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,300,000
14777	8734.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$650,000
15989	15989.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$550,000
14957	8729.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$425,000
14992	8738.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$2,300,000
14993	8994.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$2,100,000
14958	8731.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$1,150,000
14778	8989.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$1,800,000
14698	9074.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$1,000,000
14862	8725.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$2,300,000
14807	8950.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000
14798	9070.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$2,100,000
14803	8776.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$1,200,000
14812	8781.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000
14867	8782.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,200,000
14703	8778.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$400,000
14964	8976.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$750,000
14998	8777.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$1,100,000
14999	8826.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$3,300,000
14965	8765.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$1,950,000
14704	8805.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$600,000
14785	8774.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$3,050,000
14868	8792.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,700,000
14813	8813.08	6948	4913.08	APHIA II - Coast	Family Health International	\$4,900,000
14804	8797.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$2,300,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Religious Leaders

Teachers

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 393.08

Prime Partner: Samoei Community Development Programme Funding Source: GHCS (State) Mechanism: N/A

USG Agency: Department of Defense

Program Area: Orphans and Vulnerable Children

Budget Code: HKID Activity ID: 4211.08 Activity System ID: 15004 Program Area Code: 08 Planned Funds: \$250,000

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Antiretroviral Therapy Program (#6973), Counseling and Testing (#6968), Orphans and Vulnerable Children (#6982) and Abstinence and/or Be Faithful Program (#6981).

2. ACTIVITY DESCRIPTION

Samoei Community Response (SCR) is a community-based organization that has been working with orphans and vulnerable children (OVC) in the rural communities within Kericho District for the past four years and became an Emergency Plan funded partner in FY 2005. SCR has an established grass-root structure comprising of young and old (both men and women) and those affected by HIV/AIDS. SCR will continue to directly care for and support 2100 OVC by ensuring that the core areas of essential services are ensured for each child that is enrolled into their OVC program. SCR will continue to work with the people of the community as their primary partner in ensuring that the needs of each child are taken care of. They will also expand their program to address the psychosocial needs of the child by decentralizing the programs addressing this need to the community level by working with various schools and churches in the area. An emphasis in FY 2008 will also be to address issues of stigma which tend to prevent children in this community to access care. Education and support groups for the caregivers have been started in FY 2005 to teach them about how to offer support and identify psychosocial needs of OVC and this initiative will continue by using caregiver mentors to provide ongoing support and supervision to other SCR caregivers. In FY 2008, training of 200 additional caregivers will be conducted to meet the substantial increase in OVC and the individual needs of the caregivers. Furthermore in FY 2008, SCR will begin to provide legal protection to the OVC in case of death of guardian or loss of property by developing close partnerships with the local magistrate's office where these issues are a concern. The psycho-social needs of the older OVC will also be an area of expansion in FY 2008 by establishing support groups that are developed by OVC/youth that will be trained in peer counseling and support as well as HIV prevention and issues of sexual reproductive health. All planned interventions are in full compliance with pertinent Government of Kenya policies and guidelines which are based upon ongoing discussions with local authorities and community leaders. In particular, the Kenya government's OVC guidelines will be followed as well as all other pertinent guidelines issued by the Ministry of Home Affairs and the National AIDS Control Council. SCR will also collaborate with other relevant entities such as the Ministry of Health's Kericho District Hospital in provision of healthcare services to the OVC and the Ministry of Education in the provision of free primary education and bursaries for secondary school students. Their partnership with other local community/religious based organizations will also ensure comprehensive and quality services are delivered to the OVC without removing the OVC from the community.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

SCR is a community based group that ensures that OVC will continue to gain care and support from their original community. They work with the existing community services or government children agencies to augment the level of community and family based support already available to the OVC. This approach is supported by the Kenya Emergency Plan in which the needs of the OVC are identified at the community level and subsequently cared for in by strengthening existing structures already in place to tend to the needs of the OVC in the Belgut division of Kericho.

4. LINKS TO OTHER ACTIVITIES

This activity is linked with KEMRI south Rift Valley Antiretroviral Therapy (ARV) program (#6973), and KEMRI-South Rift Valley Counseling and Testing (CT) program (#6968). SCR will refer OVC to the wellestablished pediatrics AIDS program at Kericho District Hospital that already have put over 60 children on ART in an attempt for early diagnosis and subsequent treatment of OVC. In addition, KEMRI's program of the South Rift Valley will provide counseling and testing to the OVC in hopes of early identification of HIVpositive OVC. SCR will also work with Live with Hope Center(LWHC) Abstinence and Be Faithful Program (#6981) to ensure that the OVC receive correct HIV prevention information that will reduce their vulnerability for HIV infection. SCR will also link with LWHC OVC program in coordinating OVC programs for the wider district.

5. POPULATIONS BEING TARGETED

SRC will target people affected by HIV/AIDS by focusing their training activities on caregivers to support the OVC and providing monetary and psychosocial support to HIV- positive children and HIV/AIDS-affected families which includes widows/widowers. Community leaders and teachers will also be targeted as SRC is a community-based organization that relies on the community members to fully support the program's cause for OVC. SRC will target leaders of the community as well as religious leaders to participate in their steering committee that is comprised of community members that meets once a month to assess the needs of OVC referred to them by schools around the area. In addition, volunteers will be targeted to add support as the program continues to expand.

6. KEY LEGISLATIVE ISSUES ADDRESSED

In accordance with the Emergency Plan FY 2008 approach to OVC care and support, SRC will be an integral part of a community wrap around service that will address the needs of the whole child. Every orphan under the auspices of SRC will be ensured that food, education, legal protection, and other psychosocial support will be provided to the OVC either directly or indirectly through referral and linkages with existing community or government based services.

7. EMPHASIS AREAS

A major emphasis area of focus for SRC is community mobilization/ participation. SRC will focus their attention on increasing the involvement of community members in program planning and implementation of the activities for OVC. A minor emphasis of SRC's efforts will be establishing and strengthening linkages of other sectors and initiatives. SRC will be linked with schools to provide assessment of OVC and subsequently providing partial school fees and uniforms to OVC. SRC will also focus part of their efforts on training of caregivers and volunteers to meet the diverse needs of OVC. needs of OVC.

New/Continuing Activity: Continuing Activity

Continuing Activity: 7035

Related Activity: 14904, 14907, 14908, 14915

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20055	4211.20055. 09	Department of Defense	Samoei Community Development Programme	8954	393.09		\$160,000
7035	4211.07	Department of Defense	Samoei Community Development Programme	4283	393.07		\$250,000
4211	4211.06	Department of Defense	Samoei Community Development Programme	3244	393.06		\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14915	4919.08	6973	238.08		Live With Hope Centre	\$120,000
14904	6922.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,050,000
14907	4828.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,280,000
14908	6973.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$7,170,714

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training
- Wraparound Programs (Health-related)
- * Child Survival Activities

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Estimated PEPFAR dollars spent on food	\$3,000
Estimation of other dollars leveraged in FY 2008 for food	\$1,500

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	2,100	False
8.1.A Primary Direct	2,100	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	200	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Rift Valley

Table 3.3.08: Activities by Funding Mechansim

Mechanism: N/A Prime Partner: University of Washington USG Agency: HHS/Centers for Disease **Control & Prevention** Program Area: Orphans and Vulnerable Funding Source: GHCS (State) Children Program Area Code: 08 Planned Funds: \$150,000

Activity System ID: 15038

Budget Code: HKID

Activity ID: 12475.08

Mechanism ID: 483.08

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE HAS BEEN UPDATED TO REFLECT CHANGES.

This activity was begun with 2007 plus-up funds and is part of a five-site effort to strengthen the link between clinical and household settings for HIV+ children. All sites meet regularly with a sixth entity, AED/Capable Partners, for real-time sharing of lessons learned and review the effectiveness of different approaches in preparation for scale-up.

The Mwangalizi model is being tested in response to concern expressed by clinicians that assuring optimal care for HIV+ OVC was difficult in many instance because they were accompanied to different clinic visits by different relatives or community members, necessitating constant re-education of adults managing care of children.

Central to the approach is recruitment of adult patients who are successfully managing their own care to accompany pediatric patients to all clinic visits when a consistent caregiver from the household is not available. These "accompagnateurs" will be trained to be on watch for development of side effects or complications, remunerated for their time, and expected to perform home visits to monitor medication consumption. They will also be expected to develop an ongoing and supportive relationship with the OVC household, assess the social environment and refer for needed services, and seek wherever possible to identify a household or community contact who can be prepared to assume the long-term responsibility of being a treatment advocate for the child.

Sites were carefully selected to represent a cross section of Nairobi and coastal urban slum (Eastern Deanery, Coptic, and Bomu), peri-urban (AMPATH/Eldoret, Bomu) and rural (Kericho District Hospital) communities. Standard measures of household and clinician satisfaction with the value-added by the accompagnateur, accompagnatuer satisfaction with the experience, and clinical progress of OVC participating in the program will be tracked. Numbers of OVC served are captured under care and treatment activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12475

Related Activity: 15036, 14906, 14774, 14830, 14948, 14718, 15039

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19972	12475.1997 2.09	HHS/Centers for Disease Control & Prevention	University of Washington	8935	483.09		\$150,000
12475	12475.07	HHS/Centers for Disease Control & Prevention	University of Washington	4301	483.07		\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15036	4231.08	7020	483.08		University of Washington	\$300,000
14774	12477.08	6943	282.08		Eastern Deanery AIDS Relief Program	\$250,000
14718	4947.08	6920	441.08	Capable Partners	Academy for Educational Development	\$4,300,000
14830	12474.08	6953	521.08	USAID-AMPATH Partnership	Indiana University	\$300,000
14948	12476.08	6984	286.08		New York University	\$150,000
14906	12478.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$300,000
15039	4232.08	7020	483.08		University of Washington	\$3,100,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

* Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	32	False

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Nairobi

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 1244.08 Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 5099.08

Activity System ID: 14897

Mechanism: Kenya Department of Defense USG Agency: Department of Defense Program Area: Orphans and Vulnerable Children Program Area Code: 08 Planned Funds: \$150,000

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in Counseling and Testing (#6957), ARV services (#6958) and Palliative Care: Basic Health Care and Support (#6960).

2. ACTIVITY DESCRIPTION

KDOD initiated the orphans and vulnerable children (OVC) activity in FY 2006 following the recent trend of an increased number of deaths among military personnel resulting from HIV/AIDS. It is estimated that 75% of the deaths in the military are HIV related. The result of increased number of deaths in the military has directly increased the number of OVC left without care and support to approximately 5,000 children. Prior to the KDOD OVC program, these children orphaned by HIV/AIDS had no support from the KDOD as a government institution. With funding in FY 2006, the KDOD has been able to establish a program that focuses on care and general support to 800 OVC located through the assistance of Ministry of Home Affairs (MOHA) children's department. The military OVC population has created close links with community organizations and Government of Kenya offices to identify and ensure that each child enrolled in the program receives a comprehensive care package that addresses the essential services required of Emergency Plan OVC activities. The OVC in the KDOD program are collectively monitored and cared for through the establishment of the OVC military coordination offices in 5 existing KDOD sites throughout the country. In FY 2008, the KDOD will continue to provide the 1,000 OVC of the military with components of Primary support. The program will continue to take the lead in ensuring that the survivors of the servicemen and women are identified and given preference in this unique OVC military activity. The KDOD will ensure increased access to education for their OVC through relevant district Ministry of Education (MOE) offices in the identification and subsequent provision of bursary funds and vocational training opportunities. The KDOD will also continue to implement the care and support of these OVC by strengthening the capacity of the current caregivers in the local community and continue the tradition of communal and familial support of the OVC. 100 additional caregivers will be trained in basic care and support of the OVC as well as on issues regarding the psychosocial health of the child. The KDOD will hire continue to support the services of 6 social workers to maintain the regional OVC military coordination offices for better de-centralized service delivery. The KDOD OVC program will continue to work with the existing community services or government children agencies to augment the level of community and family based support already available to the OVC through the wrap-around approach. This approach is supported by the Emergency Plan in which the needs of the OVC are identified at the community level and subsequently cared for by strengthening existing structures already in place to tend to the needs of the OVC in the various regions throughout the country.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The KDOD will work closely with other government systems and structures as well as local community and faith based organizations in the wrap-around approach to caring for OVC which is the foundation to the sustainability of all EP OVC activities. The 1,000 children that will be cared for by KDOD will contribute to the national target of identifying and caring for over 288,000 OVC as well as the training of 100 caregivers.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to KDOD CT services (#6957) that are established throughout the country. Through the early identification and subsequent care and treatment of those servicemen and women in the KDOD identified as HIV positive, early support and care can also be provided to their dependents. This activity is also linked to KDOD ART program (#6958) by ensuring that all OVC receive subsequent care and treatment from the KDOD medical facilities. The palliative care program (#6960) under KDOD will also be linked to the OVC activity by ensuring the provision of care and support for all HIV+ OVC in the military community.

5. POPULATIONS BEING TARGETED

This activity targets people affected by HIV/AIDS including military personnel and caregivers of OVC by ensuring they are actively supported and linked to services. This activity is also targeting the OVC by ensuring that they are protected, their rights are guarded and basic needs are met. The KDOD in this activity will also directly take a leading role to ensure that the OVC that have been diagnosed as HIV positive receive psychosocial support and medical care required as early interventions for quality care.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will actively address issues surrounding stigma and discrimination by encouraging the formation of psychosocial support groups for the OVC. By focusing on many of the adolescent OVC, the KDOD hopes to establish a youth friendly support network that can work on tackling many of the issues surrounding stigma and discrimination faced by the OVC. The KDOD OVC program will also be an integral part of a wrap around approach to caring and supporting for the OVC through establishing links with other community or religious organizations in ensuring the needs of the OVC are met fully.

7. EMPHASIS AREAS

The major emphasis area of this activity is focused on providing the Primary and Supplementary needs of the OVC. Minor emphasis areas will be in maintaining adequate staff in the regional OVC military coordination offices through human resources as well as training needs for the caregivers of the OVC. The other emphasis area will be on developing appropriate information, education, and communication for the OVC and their caregivers.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6964

Related Activity: 14893, 14894, 14895, 14898, 14899

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20592	5099.20592. 09	Department of Defense	Henry M. Jackson Foundation Medical Research International, Inc.	9086	1244.09	Kenya Department of Defense	\$76,000
6964	5099.07	Department of Defense	Kenya Medical Research Institute	4248	1244.07	Kenya Department of Defense	\$250,000
5099	5099.06	Department of Defense	Kenya Medical Research Institute	3262	1244.06	Kenya Department of Defense	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14893	5272.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$175,000
14894	4254.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$75,000
14895	4252.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$100,000
14898	4249.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$120,000
14899	4250.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$1,150,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

* Child Survival Activities

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Estimated PEPFAR dollars spent on food

\$5,000

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	1,000	False
8.1.A Primary Direct	1,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	100	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Orphans and vulnerable children

Civilian Populations (only if the activity is DOD)

People Living with HIV / AIDS

Religious Leaders

Teachers

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4914.	08 Mechanism: /	APHIA II - Eastern
Prime Partner: JHPIE		U.S. Agency for International Development
Funding Source: GHCS	U	Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 0	38
Activity ID: 9041.	08 Planned Funds: S	\$5,500,000
Activity System ID: 14866	3	

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8782), ARV services (#8792), Palliative Care: Basic Health Care and Support (#8863).

2. ACTIVITY DESCRIPTION

The Ministry of Home Affairs, particularly the Children's Department, in partnership with the Ministries of Health and Education, provide leadership and coordination to the National OVC program. Part of the GOK's role has been the development of a policy on OVC. The APHIA II-Eastern project will use this policy as a framework to support locally based NGOs, CBOs and FBOs to provide services to OVC as part of a comprehensive care system. In FY 2006, APHIAII Eastern worked with PMO staff, the District Children's Officers and the DHMT to adapt a grant-making process and cycle modeled after the Maanisha model that has been in place in Nyanza and Western for several years. With AMREF, the developer and successful implementer of the model, taking the lead on this activity, the grant-making process, including the formation of the technical review committee, establishing criteria, and identifying local partner capacity-building needs has commenced. In FY 2008, the process will be expanded to reach a larger number of OVC. Organizations that will be selected for grants will identify OVC and families and support communities to support OVC in non-institutional settings in a variety of ways, depending on the focus of the organization. Examples include working to keep OVC in school (paying for school fees and uniforms), providing them with vocational training, providing psycho-social support assisting them to obtain health services and/or nutritional support, and otherwise engaging them in ways that will minimize their risk of engaging in unsafe behaviors. All subgrantees will, as part of this training and the ongoing mentoring through supportive supervision that constitutes an essential program activity, be updated on national policy and international standards. Selected groups are not simply given funds and asked for reports, but they are provided with both structured capacity-building support as well on on-the-job type training and reinforcement. This ongoing relationship will include assisting sub-grantees to better access local services, to participate in community mobilization, and to share the results of their work with other local groups.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The 2008 activities will serve 45,000 OVC and train 4,500 caregivers. APHIA II Eastern will also train 650 Area Advisory Council members and strengthen capacity of CBOs, and FBOs that will serve as outlets for OVC. Through its activities APHIA II Eastern will emphasize strengthening community-level capacity to develop, implement and sustain appropriate responses to the HIV/AIDS crisis.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to the counseling and testing (#8782) and efforts to prevent future HIV infections, home based care (#8863) community services and provision of care for those already infected, and creating a positive image of VCT. Efforts will link to work being done on offering effective ART (#8792) and provision of care to HIV infected children so that families with affected and infected children can benefit from appropriate care.

5. POPULATIONS BEING TARGETED

This activity directly targets OVC and adults that are involved in providing them with care. It also indirectly targets adults in the general population through its efforts to reduce the stigma surrounding OVC and policy makers. Building the local capacity of these communities will rely on closely working with community and religious leaders as well as local community based and faith based organizations.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will reduce stigma associated with being affected by HIV/AIDS as well as increasing gender equity in programming through the delivery of key messages. Linkages will be created with systems/groups offering support in food, microfinance, education, and as appropriate, reproductive health.

7. EMPHASIS AREAS

Major emphasis will be development of networks/linkages and referral systems while minor emphasis is information, education and communication, and strategic information.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9041

Related Activity: 14864, 14867, 14868

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20608	9041.20608. 09	U.S. Agency for International Development	JHPIEGO	9088	4914.09	APHIA II - Eastern	\$4,600,000
9041	9041.07	U.S. Agency for International Development	JHPIEGO	4914	4914.07	APHIA II - Eastern	\$2,500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14864	8863.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$700,000
14867	8782.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,200,000
14868	8792.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,700,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Family Planning

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Estimation of other dollars leveraged in FY 2008 for food \$110,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	45,000	False
8.1.A Primary Direct	45,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	4,500	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Eastern

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	3476.08	Mechanism:	South Rift Valley
Prime Partner:	Kenya Medical Research Institute	USG Agency:	Department of Defense
Funding Source:	GHCS (State)	Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID	Program Area Code:	08
Activity ID:	12478.08	Planned Funds:	\$300,000
Activity System ID:	14906		

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE HAS BEEN UPDATED TO REFLECT CHANGES.

This activity was begun with 2007 plus-up funds and is part of a five-site effort to strengthen the link between clinical and household settings for HIV+ children. All sites meet regularly with a sixth entity, AED/Capable Partners, for real-time sharing of lessons learned and review the effectiveness of different approaches in preparation for scale-up.

The Mwangalizi model is being tested in response to concern expressed by clinicians that assuring optimal care for HIV+ OVC was difficult in many instance because they were accompanied to different clinic visits by different relatives or community members, necessitating constant re-education of adults managing care of children.

Central to the approach is recruitment of adult patients who are successfully managing their own care to accompany pediatric patients to all clinic visits when a consistent caregiver from the household is not available. These "accompagnateurs" will be trained to be on watch for development of side effects or complications, remunerated for their time, and expected to perform home visits to monitor medication consumption. They will also be expected to develop an ongoing and supportive relationship with the OVC household, assess the social environment and refer for needed services, and seek wherever possible to identify a household or community contact who can be prepared to assume the long-term responsibility of being a treatment advocate for the child.

Sites were carefully selected to represent a cross section of Nairobi and coastal urban slum (Eastern Deanery, Coptic, and Bomu), peri-urban (AMPATH/Eldoret, Bomu) and rural (Kericho District Hospital) communities. Standard measures of household and clinician satisfaction with the value-added by the accompagnateur, accompagnatuer satisfaction with the experience, and clinical progress of OVC participating in the program will be tracked. Numbers of OVC served are captured under care and treatment activities.

The KEMRI-South Rift Valley program will also leverage additional funding available through the Muangalizi project to reach an additional 500 OVC with comprehensive care packages through existing faith based organizations such as Tenwek Mission Community Health and AIC Litein's community health program. An additional 50 caregivers will also be trained as well.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12478

Related Activity: 14915, 14903, 14904, 14718, 14774, 15038, 14916, 14948, 14830, 14908

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20783	12478.2078 3.09	Department of Defense	Henry M. Jackson Foundation Medical Research International, Inc.	9130	3476.09	South Rift Valley	\$300,000
12478	12478.07	Department of Defense	Kenya Medical Research Institute	4249	3476.07	South Rift Valley	\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14915	4919.08	6973	238.08		Live With Hope Centre	\$120,000
14903	8808.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$240,000
14904	6922.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,050,000
14916	4929.08	6973	238.08		Live With Hope Centre	\$300,000
14774	12477.08	6943	282.08		Eastern Deanery AIDS Relief Program	\$250,000
15038	12475.08	7020	483.08		University of Washington	\$150,000
14718	4947.08	6920	441.08	Capable Partners	Academy for Educational Development	\$4,300,000
14830	12474.08	6953	521.08	USAID-AMPATH Partnership	Indiana University	\$300,000
14948	12476.08	6984	286.08		New York University	\$150,000
14908	6973.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$7,170,714

Emphasis Areas

Human Capacity Development

- * Training
- *** Pre-Service Training
- * Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	500	False
8.1.A Primary Direct	500	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	50	False

Target Populations

Other

Orphans and vulnerable children People Living with HIV / AIDS

Coverage Areas

Rift Valley

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 238.08 Prime Partner: Live With Hope Centre Funding Source: GHCS (State)

Budget Code: HKID Activity ID: 4929.08 Activity System ID: 14916 Mechanism: N/A USG Agency: Department of Defense Program Area: Orphans and Vulnerable Children Program Area Code: 08 Planned Funds: \$300,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6968), Antiretroviral Therapy program (#6973), Abstinence and/or being faithful (#6981), Counseling and Testing (#6979) and Orphans and Vulnerable Children (#7035).

2. ACTIVITY DESCRIPTION

The Live with Hope Center is faith-based organization that has been providing comprehensive HIV/AIDS services in a markedly underserved and difficult-to-reach area of Kericho as well as its surrounding rural communities since 2000. The LWHC has been providing spiritual, psychosocial, nutritional, and homebased care services to over 200 People Living With HIV/AIDS (PLWHA) since the inception of the program. The LWHC has been an Emergency Plan partner since 2003 in the areas of counseling and testing, abstinence and being faithful, as well as palliative community health care and support. In FY06, the LWHC began its OVC program by bridging an existing gap in their service delivery through the extension of care and support to 500 orphans and vulnerable children (OVC) that already existed on the periphery by being the dependents of past and present active support group members as well as part of their community health care program. The LWHC has been struggling to ensure the provision of basic needs and medical services to these OVC since the inception of their program in 2000 and with the assistance of the Emergency Plan in FY 2006 the LWHC succeeded in strengthening the community to provide orphan support in the already existing family environment. The LWHC has been active in the communities in which they serve and have been instrumental in alleviating the household burden to ensure that families remain together despite the economic hardships experienced. LWHC also has established a very active support group and community care system for children living with HIV between the ages of 0 to 18. In FY 2006, LWHC was able to work closely with the pediatric Antiretroviral Therapy (ART) Program to follow-up the care and support of 100 children infected with HIV. LWHC also works closely with the children of the immediate community who have been made vulnerable to HIV by establishing an after school program for these children and ensuring that basic needs of 200 children are ensured on a daily basis. Along with this program LWHC has been working closely with the Ministry of Education and the Ministry of Home Affairs in establishing care and support programs for the OVC identified as living on the streets or detained in the children's rehabilitation center where over 300 boys and girls out of 400 have been mandated for correctional services through the juvenile justice system due to being made vulnerable by HIV-AIDS. In FY 2008, LWHC will continue to ramp up the existing programs that are directly identifying the most vulnerable children in Kericho and ensuring that the core areas of essential services are met. In FY 2008, LWHC will hire a child counselor who will work closely with the Kericho District Hospital in the identification and follow-up psycho-social support of OVC in the pediatric ART program including issues surrounding disclosure. LWHC will continue to bolster the family centered approach to care for OVC by training 260 existing care givers in the provision of basic care and support and the possible psychosocial needs of the OVC.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The LWHC will target 2,600 OVC by continuing care and support through the provision of nutrition, education, food security, psychosocial support, shelter and protection either through primary direct support or supplemental support as outlined in the PEPFAR OVC guidance. The LWHC is consistent with the 5-Year Strategy of caring for the OVC by strengthening partnerships with the local government systems and other community organizations in providing comprehensive and quality services with the best interest of the child in mind.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to KEMRI south Rift Valley - Kericho District Hospital anti-retroviral therapy: ARV (#6973). The LWHC has actively worked with KEMRI south Rift Valley - Kericho District Hospital in the early identification, diagnosis, and subsequent treatment of over 100 children currently receiving anti-retroviral viral (ARV) medication. They will continue to link their OVC program with the KEMRI counseling and testing (CT) program (#6968) and the Live with Hope CT program (#6979) in the provision of early diagnostic testing and counseling to at-risk children orphaned by parent(s) who were HIV positive. LWHC will also integrate their OVC program with their existing abstinence and/or being faithful program (6981) to ensure that the OVC receive proper training in the prevention of HIV infection/re-infection. Coordination will also be done with the partner OVC program Samoei in coordination of OVC programs (7035) in Kericho district.

5. POPULATIONS BEING TARGETED

The LWHC OVC program will target People Affected by HIV/AIDS by focusing on training the existing caregivers of OVC in basic care and support; linking care and support to HIV positive children by improving basic access to health care and ART; assisting HIV/AIDS affected families by paying for school fees and the provision of proper nutrition; ensuring the community based support for OVC; by augmenting the support to People Living with AIDS in their ability to care for their children and by assisting widows or widowers with the burden of caring for the OVC. In order to ensure that the OVC interventions continue to strengthen the community efforts to provide care and support, the LWHC will continue to use volunteers from the churches and other community based groups. Street children will also be a focus in FY 2007 to target in assessing the impact HIV-AIDS had on their homeless status and address the specific needs of the population.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The LWHC will ensure that local community based structures continue to provide for the needs of the OVC by being an integrated part of the wrap-around services that exist to ensure the basic nutritional, educational, legal, and psycho-social needs of the OVC are successfully cared for. Wrap-around services will be ensured by the LWHC partnering with local government offices and other agencies in the delivering of comprehensive services to the OVC.

7. EMPHASIS AREAS

The LWHC will focus the majority of their efforts on community mobilization/participation in their OVC program. The 5-Year Strategy in Kenya regarding OVC is to develop and strengthen local structures to adequately address the needs of the OVC and LWHC will dedicate their efforts in ensuring that existing resources are improved to address the wide spectrum of needs of the OVC in Kericho. The LWHC will continue to focus part of their emphasis on human resources in order to ensure the supply of skilled and competent staff that can ensure the needs of the OVC are met as well. They will also focus part of their

Activity Narrative: efforts in the training needs of the caregiver as well as the larger community to ensure quality services are provided.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6982

Related Activity: 14904, 14915, 14917, 16854

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20244	4929.20244. 09	Department of Defense	Live With Hope Centre	9000	238.09		\$500,000
6982	4929.07	Department of Defense	Live With Hope Centre	4256	238.07		\$250,000
4929	4929.06	Department of Defense	Live With Hope Centre	3209	238.06		\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14915	4919.08	6973	238.08		Live With Hope Centre	\$120,000
16854	16854.08	6973	238.08		Live With Hope Centre	\$30,000
14904	6922.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,050,000
14917	4114.08	6973	238.08		Live With Hope Centre	\$150,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training
- Wraparound Programs (Health-related)
- * Child Survival Activities

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Estimated PEPFAR dollars spent on food	\$15,000
Estimation of other dollars leveraged in FY 2008 for food	\$2,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	2,600	False
8.1.A Primary Direct	2,600	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	260	False

Indirect Targets

Target Populations

Special populations

Most at risk populations		
Street youth		
Most at risk populations		
Incarcerated Populations		
Other		
Orphans and vulnerable children		
People Living with HIV / AIDS		
Religious Leaders		
Teachers		
Coverage Areas		
Rift Valley		
HVCT - Counseling and Testing		
Program Area:	Counseling and Testing	
Budget Code:	HVCT	
Program Area Code:	09	
Total Planned Funding for Program Area:	\$31,514,900	
	431,314,300	
Estimated PEPFAR contribution in dollars		\$0
Estimated local PPP contribution in dollars		\$0

Program Area Context:

HVCT Program Narrative COP 2008

Key Result 1: Expansion of HIV counseling and testing (CT) in health settings, resulting in 2 million people knowing their HIV status, including 400,000 in TB settings and 300,000 family members of patients in care and treatment services.

Key Result 2: Expansion of HIV counseling and testing in community settings resulting in 1.8 million knowing their HIV status. This includes 200,000 OVC and 500,000 sexual partners of clients who already know their HIV status.

Key Result 3: 1.2 million pregnant women tested and counseled and receive their results in antenatal care settings (detailed in MTCT program and activity narratives).

CURRENT PROGRAM CONTEXT

The Government of Kenya (GOK) has adopted the UNAIDS goal of universal access to HIV prevention, care, and treatment by 2010. Included in these broad national targets are the HIV counseling and testing (CT) targets of 60% of Kenyans knowing their HIV status by 2008, and 80% by 2010. Since CT is an essential entry point for prevention, care, and treatment, reaching these targets will contribute significantly to the attainment of other GOK and Emergency Plan (EP) targets.

STATISTICS

CT has been implemented in Kenya since 2000 and, to date, an estimated four million adults, adolescents, and children have been counseled and tested, representing 30% of eligible population. In 2008, we will test an additional five million people (exceeding in a single year the cumulative number of Kenyans counseled and tested during the last seven years), contributing

greatly to the achievement of Kenya's national 2008 target. Kenya has implemented multiple innovative CT approaches that will be rapidly expanded in 2008. In addition, referral linkages will be strengthened, so that resources can be leveraged by partners for CT.

SERVICES

CT in Kenya can be broadly categorized into health facility-based and community-based approaches. HIV testing in health facilities has been implemented in Kenya since 2005, following publication of Guidelines for HIV Testing in Clinical Settings. Although this provider-initiated testing and counseling (PITC) approach has expanded, national coverage remains quite low. In line with Kenyan, WHO, and OGAC guidance, expanding PITC will be one of the key priorities in 2008 and it is anticipated that PITC will contribute to at least 40% of the PEPFAR country CT target. In order to achieve this strategic goal, PITC will be implemented in the majority of public and private health facilities in the country in accordance with MOH plans. In the public health system, these services will be expanded to the health center level. In the next planning phase, this will be further extended to dispensaries, leading to greater access to prevention, care, and treatment services. Emphasis will be placed on routine HIV counseling and testing for all patients in health facilities, particularly in high prevalence settings.

Within health care facilities, HIV testing will be promoted in out-patient and in-patient services for both adults and children, and in antenatal clinics as part of PMTCT services. It will also be integrated into health promotion services such as family planning and immunization clinics. For this to be achieved and sustained, health workers at all levels will be trained and sensitized. Emphasis will also be placed on CT for couples and family members of patients who are currently in care/treatment. This evidence based family approach improves social support and adherence to medication, and it also facilitates prevention among discordant couples. CT for family members will be provided in care and treatment settings including TB treatment sites. In special cases CT providers will provide the service at the homes of the patients.

In keeping with new GOK policy on decentralization and community focus, in 2008 PEPFAR will support static and community based VCT services. This combined approach will aim to strengthen HIV prevention counseling and community support for people living with HIV. Some of the outreach models in use in Kenya include mobile VCT (MVCT) and Home-based CT (HBCT). MVCT services are particularly useful in difficult to reach and underserved areas and is administered with basic equipment, such as converted trucks, containers on wheels, bicycles, and camels.

HBCT was piloted in 2006 and modestly expanded in 2007. In 2008, this will be rapidly expanded to cover regions with high prevalence in all eight provinces. So far, acceptance rates have been consistently high (above 90% in pilot areas). The MOH and other stakeholders are developing operational guidelines for widespread expansion of HBCT. Couple and family CT will be promoted at community level using this approach as a means of reducing high rates of couple discordance. This approach will also be evaluated in 2008.

Special emphasis will also be placed on CT for children in community settings, although the majority of children will be tested in health settings. CT will be established and rapidly expanded for children in PEPFAR OVC programs as well as in select children's homes.

VCT still has a critical role to play in HIV prevention. In order to strengthen referral and linkage as well as promote integration, VCT counselors will be re-oriented, particularly to allow VCT sites that are co-located in health facilities to provide other services beyond VCT, such as TB screening, family planning information, and general psychosocial support for people living with HIV. Stand-alone VCT sites will also be primed to provide TB screening, cotrimoxazole prophylaxis, and family planning. In this manner, and through mass media messaging, uptake for VCT will increase in 2008.

PEPFAR-funded agencies support CT for special and disadvantaged populations, including people with disabilities, injection drug users, refugees, nomads, and long distance truck drivers. The main activities in this program include training of counselors in sign language and underwriting the cost of providing VCT services, such as using mobile VCT services. This program will work closely with other PEPFAR programs, especially those for prevention, and will be further expanded in 2008.

REFERRALS AND LINKAGES

Social marketing: in 2008, EP funds will be used to support a CT media campaign. The goal of this campaign is increasing uptake of CT services and provision of information to the general public. The 2008 campaign will specifically promote CT in health settings and couple counseling. Communication interventions will also be done at community level, through community based organizations and community meetings.

Test kits: the large increase in number of people projected to receive CT services in 2008 as described above will require an increased and secure supply of HIV test kits. EP funds will contribute to the procurement of test kits to complement planned procurements through Global Fund and the Japan International Cooperation Agency (JICA). The EP contribution will be equivalent to 5 million individuals counseled and tested, using the national testing algorithm of two rapid tests (either in series or parallel). All HIV test kits in the country are stored and distributed by the Ministry of Health. This distribution system is being strengthened with the support of the US government and other development partners.

WORK OF HOST GOVERNMENT AND OTHER IMPLEMENTING PARTNERS

The USG team works closely with the GOK to strengthen CT services country-wide. The HHS/CDC cooperative agreement with the Kenya National AIDS and STI Control Programme provides funds for national oversight and supervision of CT services, and almost all CT services in Kenya are either directly or indirectly supported by the EP. In 2007, CT policies were reviewed and harmonized. In 2008, training materials will be reviewed and harmonized to cater for increased demand for a broad scope of services.

Program Area Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	1042
9.3 Number of individuals trained in counseling and testing according to national and international standards	13816
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	2631750

Custom Targets:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 238.08 Prime Partner: Live With Hope Centre Funding Source: GHCS (State) Budget Code: HVCT Activity ID: 4114.08 Activity System ID: 14917 Mechanism: N/A USG Agency: Department of Defense Program Area: Counseling and Testing Program Area Code: 09 Planned Funds: \$150,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are: + the target population has been expanded to include the general population in Kericho slums in the door to door counseling and testing initiative

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: Basic Health Care and Support [#6922], Antiretroviral Treatment [#6973], TB/HIV [#6975] and Abstinence/Being Faithful [#6981].

2. ACTIVITY DESCRIPTION

The Live with Hope Center is faith-based organization that has been providing comprehensive HIV/AIDS services in a markedly underserved and difficult-to-reach area of Kericho as well as its surrounding rural communities since 2000. In FY 2008, the Live with Hope Center will expand their counseling and testing (CT) services to cover an additional 10,000 individuals through continued support and maintenance of the stand alone Voluntary Counseling and Testing (VCT) site that was constructed under the FY 2004 President's Emergency Plan. The site provides VCT for the general population in this area, and the community education and mobilization that is required to increase awareness and uptake. In FY 2007, LWHC surpassed their CT target, by providing CT services to over 2000 individuals in the Kericho area. In FY 2008, Live with Hope Center will reach their CT targets by continuing to integrate their counseling and testing services into their existing home-based care program that provides care and support to over 400 individuals who are HIV positive and are receiving ART or under medical supervision for potential opportunistic infections like TB. This year will build on the success of this initiative of brining counseling and testing into the homes of every client that is part of their home-based care program by providing CT to every member of the household. By doing so, Live with Hope will continue to ensure that every family member of their clients on home-based care receives quality care and treatment if required. In order to achieve this, three additional individuals will be trained in counseling and testing according to national or international standards. The LWHC has a dynamic program that routinely links the Person Living with HIV-AIDS to their active support group which in turn assists in combating stigma and discrimination in the larger community. LWHC will also continue providing mobile VCT services to the most at risk populations by focusing on prisoners, matatu drivers, commercial sex workers and at-risk youth in the local rehabilitation school. They will also work with the rural churches to bring mobile VCT services to congregations in hard-to-reach areas, an initiative which has proved to be very popular in FY 2007. In addition, technical assistance will be provided by 2 locally employed staff.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

VCT services offered by LWHC will contribute to the overall CT target. The LWHC will continue to use VCT as an important HIV prevention tool by providing VCT to at risk populations through outreaches and mobile VCT. LWHC will also contribute substantively to Kenya's 5-Year Strategy emphasis on the youth and discordant couples by working closely with churches in the promotion of VCT and the provision of CT services through mobile VCT activities. In addition, LWHC will provide VCT to couples in marriage and other stable relationships, in order to support those who may be HIV discordant. Furthermore, LWHC will be the focal point of the novel approach of testing every family member of patients on ART.

4. LINKS TO OTHER ACTIVITIES

This activity will be closely linked with the KEMRI-South Rift TB/HIV activity (#6975) as well as the KEMRI-South Rift Valley palliative care program activity (#6922). The Live with Hope Center will continue to work closely with the Kericho District Hospital as part of the larger HIV/AIDS care and support network by serving as a referral point for advanced care and treatment thus linking this activity to also KEMRI-South Rift Antiretroviral treatment program (#6973). The VCT will also be promoted through efforts in the existing LWHC abstinence/being faithful program (#6981) with the community.

5. POPULATIONS BEING TARGETED

LWHC CT activities will target young people, especially out of school youth, through the close partnership with the rehabilitation school and church activities with street kids in Kericho. They will also continue their focus on other at risk populations like prisoners, commercial sex workers, matatu drivers and migrant tea workers through increasing the number of mobile counseling and testing services to both the prisons and the many tea estates surrounding the Kericho area. The home based care CT initiative will also target those affected by HIV including children and caregivers of PLWHA. The stand alone VCT site will continue to also serve the general adult population in the area as well. LWHC is a faith-based organization supporting a community based response to HIV-AIDS.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The CT activity under the LWHC aims to change traditional gender norms and behaviors that have contributed to the rapid spread of HIV in some communities by using information, education, and communication to spread messages about risky behavior. CT will also target young girls in an effort to increase their access and availability of HIV information through VCT services. Previous statistical analysis indicated that the LWHC was working in accordance with the Kenyan national strategy by targeting a higher percentage of women than men; the percentage of women accessing the LWHC VCT site compared to the men was approximately 60% in FY05. The LWHC CT service also challenges pre-conceived misconceptions of testing and counseling for HIV by fully integrating the service in already existing church community activities they provide to the general public hence de-stigmatizing the process of HIV counseling and testing in the Kericho-Motobo area.

7. EMPHASIS AREAS

The majority of this partner's efforts will be in maintaining the current staff through the direct payment of salaries of the healthcare workers and VCT counselors that have been recognized by the Ministry of Health as trained to provide VCT services. Continued community mobilization to improve access to VCT and the training of 10 more health care workers to provide VCT will consist of the remaining small percentage of this partner's efforts under CT.

New/Continuing Activity: Continuing Activity

Continuing Activity: 6979

Related Activity: 14915, 14916, 16854

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6979	4114.07	Department of Defense	Live With Hope Centre	4256	238.07		\$90,000
4114	4114.06	Department of Defense	Live With Hope Centre	3209	238.06		\$20,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14915	4919.08	6973	238.08		Live With Hope Centre	\$120,000
16854	16854.08	6973	238.08		Live With Hope Centre	\$30,000
14916	4929.08	6973	238.08		Live With Hope Centre	\$300,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

* Family Planning

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	2	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	10	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	10,000	False

Indirect Targets

Target Populations

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Special populations	
Most at risk populations	
Street youth	
Most at risk populations	
Incarcerated Populations	
Most at risk populations	
Persons in Prostitution	
Most at risk populations	
Persons who exchange sex for money and/or o	other goods with one or more multiple or concurrent sex

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Rift Valley

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3476.08 Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State) Budget Code: HVCT Activity ID: 4828.08 Activity System ID: 14907 Mechanism: South Rift Valley USG Agency: Department of Defense Program Area: Counseling and Testing Program Area Code: 09 Planned Funds: \$1,280,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are: + geographic coverage has been expanded to include Kisumu West district in Nyanza Province and Kipkelion district in Rift Valley Province

+ the target population has been expanded to include the general population in home based counseling and testing

1. LIST OF RELATED ACTIVITIES This activity relates to activities in HIV/AIDS treatment/ARV services [#6973], TB/HIV [#6975], Abstinence/Being Faithful [#6981], and Condoms and Other Prevention [#8808].

2. ACTIVITY DESCRIPTION

In FY 2008, Kenya Medical Research Institute (KEMRI) will continue to provide HIV counseling and testing (CT) services in partnership with the Ministry of Health (MOH) in six districts in the south Rift Valley Province and one district in Nyanza province. Together the six districts represent a collection of 60 district hospitals, sub-district hospitals, and health facilities that will be equipped and supported to serve as nationally registered CT sites. In FY 2008, the six districts will provide CT services to over 110,000 people in the traditional voluntary counseling and testing (VCT) sites as well as through the new provider initiated testing and counseling (PITC) strategy. Twenty individuals will be trained in voluntary counseling and testing, while 40 clinicians will be trained in PITC, to enable them provide PITC in health facilities. An additional twenty will be trained in couple counseling and an additional 20 will be trained in home based counseling and testing. In implementing this, KEMRI will work closely with the district AIDS/STI coordinator (DASCO) in order to strengthen coordination and referral, especially between CT and care services. Technical assistance will be provided by 2 locally employed staff. The combination of client-initiated (VCT) and provider-initiated CT services will significantly contribute to an increased proportion of Kenyans learning their HIV status in the south Rift Valley Province, which has a population of greater than 2.2 million and a HIV prevalence rate of approximately 5-7%. KEMRI-MOH will also continue to maintain the I youth friendly stand alone site in Kericho which combines recreational services as well as CT services in this very dynamic approach to behavior change and HIV prevention among the youth. The center was established in partnership with Kericho District Hospital with support from PEPFAR in FY 2004, and has successfully assisted over 400 youth between the ages of 15-24 per month to learn their HIV status. The center also offers youth-friendly mobile VCT services in collaboration with mobile reproductive health clinics in the larger district. KEMRI will also continue to work in developing mobile VCT activities in conjunction with MOH to reach populations of the districts who have poor or no access CT services. This will be the primary method used in Transmara District, because part of the population in the district has a nomadic lifestyle and also there are parts of the district that are hard-to-reach. The prevalence rate in this district which borders Tanzania is estimated to be around 8-9% but accessibility of HIV services is extremely limited. KEMRI south Rift Valley Mobile VCT activities will reach at least 30,000 individuals in FY 2008 in the six districts served by KEMRI. This number will part of the annual CT target for KEMRI south Rift, referred to above.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

The South Rift Valley Province is one of the areas in Kenya that have large rural populations. These rural areas will be the main target of the CT initiative in FY 2008. Together with the MOH, KEMRI will provide high quality CT services both to the Tea farming community and to the general community through mobile CT services. Currently, mobile CT services are conducted weekly and reach between 100 and 250 clients per week. In order to meet the needs of rural Kenya, KEMRI will assist the MOH to scale up mobile CT services in these areas. These coordinated CT activities will successfully provide VCT as well as PITC to over 110,000 Kenyans in the south Rift Valley Province. This combined effort to extend quality CT services to this geographical area will successfully contribute to 4% of 2007 Emergency Plan CT targets for Kenya. KEMRI will be instrumental in contributing to the national objectives of extending CT to hospital patients and TB patients in both the inpatient and outpatient clinical settings. The youth recreational center and VCT site in Kericho will continue to consistently target out of school and in-school youth, a special population that has become a national focus in the provision of VCT services.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to KEMRI-south Rift Valley ARV services (#6973) by ensuring that every individual who has tested positive for HIV in the CT service is linked to care and treatment. This activity is also linked to KEMRI-south Rift Valley TB/HIV (#6975) to ensure that every person who tests positive for TB is given the opportunity to test for HIV in the PITC setting. This activity is also linked to prevention activities by Live with Hope AB (#6973) and KEMRI-south Rift Condoms and Other Prevention program (#6981).

5. POPULATIONS BEING TARGETED KEMRI's CT services will target the general population, including children and youth. Mobile VCT services will target migratory populations in Transmara. KEMRI is working in partnership with the MOH offices in six districts and therefore will be in a position to train public health care workers in PITC in the clinical settings as well as private health care workers in AIC Litein. KEMRI, in FY 2008, will train and equip 40 public health care workers in PITC in order to support the national scale-up of CT in clinical settings within Kenya. The youth center in Kericho will also target its CT services to out-of-school youth as well as other most at risk youth like street youth. In general, VCT activities provide CT services to the most at-risk populations. CT activities are done collaboratively with National AIDS control program staff at the local level.

6. KEY LEGISLATIVE ISSUES ADDRESSED

KEMRI, in partnership with the MOH, will improve gender equity in accessibility of CT services within the six districts in south Rift Valley. CT will be an important intervention strategy in challenging current sexual norms that have contributed to the risks of contracting HIV in many of the rural communities. Through information and education material stigma surrounding issues of knowing HIV status will also be addressed.

7. EMPHASIS AREAS

KEMRI's efforts in CT will be divided between community mobilization/participation, human resources, information and communication, infrastructure, and training. They will improve the awareness of their CT services by focusing a part of their efforts in community mobilization and participation. Other efforts will also go towards the training of 40 health care workers in the provision of CT services in the clinical setting. Many

Activity Narrative: of the health care settings do not have the existing space to provide CT services and therefore some of the efforts in FY 2008 will be to make minor renovations in the already existing infrastructure of the medical health facilities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6968

Related Activity: 14903, 14904, 14905, 14908, 16997, 16508

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20784	4828.20784. 09	Department of Defense	Henry M. Jackson Foundation Medical Research International, Inc.	9130	3476.09	South Rift Valley	\$2,100,000
6968	4828.07	Department of Defense	Kenya Medical Research Institute	4249	3476.07	South Rift Valley	\$750,000
4828	4828.06	Department of Defense	Kenya Medical Research Institute	3476	3476.06	South Rift Valley	\$560,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16997	16997.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$360,000
14903	8808.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$240,000
14904	6922.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,050,000
14905	6975.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,200,000
14908	6973.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$7,170,714
16508	16508.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,575,000

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Family Planning
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	60	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	100	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	110,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Rift Valley

Nyanza

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3465.08 Prime Partner: National AIDS & STD Control Program Funding Source: GHCS (State) Budget Code: HVCT Activity ID: 4787.08 Activity System ID: 14936 Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Counseling and Testing Program Area Code: 09 Planned Funds: \$700,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are

the target population has been revised. NASCOP will hand over the model VCT site; therefore there will be no direct CT targets. But in the other broad objectives that will have national coverage will remain as they were in 2007.

+ other (NON-SUBSTANTIVE) change

•In FY 2007 NASCOP coordinated the review and harmonization of CT policies and guidelines. In FY 2008 the completed guidelines will be disseminated

•In FY 2008 will support an accelerated CT campaign using the Rapid Results Initiative strategy. This will be a national activity and all CT partners in the country will be involved but NASCOP will supervise and coordinate the exercise.

•In FY 2008 NASCOP will participate in workplace VCT. In the past NASCOP has received requests for mobile VCT from other government ministries and departments, as well as from the private sector. In FY 2008, NASCOP will acquire basic supplies and materials for this purpose. NASCOP will also work closely with other PEPFAR supported MVCT providers.

•In 2008, NASCOP will hand over the model VCT to an implementing partner that is yet to be determined (TBD). This will reduce the burden of direct implementation from the national program. In 2008 therefore NASCOP will not have any direct CT targets.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in PMTCT (#7006), ART(#7004), Palliative care: Basic Health Care (#7005), TB-HIV (#7001), AB (#7007), OP (##7008), SI (#7002), HLAB (#7003).

2. ACTIVITY DESCRIPTION

The National AIDS/STI Control Program (NASCOP) is the section in the Ministry of Health that coordinates all health sector based HIV/AIDS activities. NASCOP is responsible for developing and promoting the use of national policies, guidelines and standards for all HIV prevention and care activities in the country. In CT NASCOP coordinates the implementation of all types of HIV counseling and Testing (CT) approaches, including provider-initiated and client-initiated CT. The Client-initiated approach (also known as voluntary counseling and testing -VCT) has been highly successful in Kenya, since its launch by NASCOP in 2000. By December 2005, there were 680 registered VCT sites in Kenya, and in that calendar year, at least 500,000 people are counseled and tested in these sites. In VCT NASCOP is currently mainly involved in supervision and quality assurance. NASCOP has in the past developed guidelines, training curricula and operational tools for VCT in Kenya, tools which are used by all partners. In FY 2005, NASCOP published the Guidelines for HIV testing in Clinical Settings. These guidelines were developed in order to provide for the all types of HIV testing approaches possible in health care facilities. These efforts led to considerable increase in HIV testing within clinical settings in FY 2005 and FY 2006. Despite this growth in both DTC and VCT, many Kenyans still do not know their HIV status, as seen in the Kenya Demographic and Health Survey in 2003. In FY 2008, NASCOP will mobilize and facilitate stakeholders to provide all types of CT. Through planned activities in FY 2007, NASCOP will promote health workers' participation in testing and counseling and streamline referral linkages between CT and care in government facilities. Increased health worker participation in CT shall be achieved through dissemination of relevant policies and guidelines in CT and through training in all types of CT. The national guidelines and training curricula on CT will be reviewed and updated as necessary. NASCOP will continue to strengthen the capacity of its national and regional staff to monitor and evaluate CT activities, including proper data collection

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

NASCOP is in a unique position to provide leadership and support for CT activities of all partners in the country. NASCOP will receive Emergency Plan resources to develop policies and guidelines for the whole country. They will also ensure that the CT services in Kenya meet national and international standards. NASCOP is the only agency with that mandate and opportunity. The contribution of NASCOP to the goal is therefore largely broad and strategic, and in a small way it is also direct, since the NASCOP VCT site will provide CT services to a small number of people.

4. LINKS TO OTHER ACTIVITIES

NASCOP is supported to coordinate HIV/AIDS services in almost all the components. The planned NASCOP CT activities in FY2007 will increase knowledge of HIV status both for primary prevention and linkage to care services for HIV positive individuals. The NASCOP CT program will therefore relate to other NASCOP led programs like ART (#7004), PMTCT (#7006) and Palliative care (#7005). This activity is also linked to NASCOP TB-HIV activity (#7001), AB activity (#7007), OP activity (#7008), SI activity (#7002), and HLAB activity (#7003).

5. POPULATIONS BEING TARGETED

This activity targets the general adult population as well as symptomatic individuals served in public health facilities, especially in Medical wards, TB wards and STI clinics. The primary goal is universal knowledge of HIV status, as well as timely identification of those who would benefit from care and treatment services. In client initiated CT sites existing sites will be strengthened and supported to provide quality services. And for the provider initiated CT services, the new sites will mainly be public health facilities that have not previously provided CT as part of diagnostic work up of symptomatic patients seeking treatment.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will help reduce HIV related stigma and discrimination by promoting routine HIV testing in clinical settings and linking HIV infected individuals to care. Patients will be sensitized to expect HIV testing as a standard package of good medical care in health facilities. Health care providers will be sensitized to understand patients' basic right to the best diagnostic services including being offered HIV test.

7. EMPHASIS AREAS

Major emphasis areas for this activity is in the development of policy and guidelines at a national level for all

Activity Narrative: CT activities. Minor emphasis areas are in the area of information, education and communication, quality assurance, strategic information and training. The Plus Up funds will be used to facilitate an accelerated HIV counseling and testing campaign in Kenya, which is an expansion of the International HIV testing day. The Government of Kenya, led by the National AIDS Council and National AIDS/STD Control Program has adopted the Rapid Results Initiative program of scaling up HIV counseling and testing 300,000 people in three months. Plus up funds will complement funds from other donors and the Government of Kenya. Funds will be used for employment of short-term CT counselors, and for Mobile VCT services in the hard to reach areas of Kenya. Funds will also be used to coordination and supervision (quality assurance).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7009

Related Activity: 14930, 14931, 14933, 14934, 14935, 14937, 14938, 14939

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20224	4787.20224. 09	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	8994	3465.09		\$750,000
7009	4787.07	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	4266	3465.07		\$1,260,000
4787	4787.06	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	3465	3465.06		\$450,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14930	4225.08	6981	3465.08		National AIDS & STD Control Program	\$550,000
14931	4226.08	6981	3465.08		National AIDS & STD Control Program	\$210,000
14933	4228.08	6981	3465.08		National AIDS & STD Control Program	\$90,000
14934	4224.08	6981	3465.08		National AIDS & STD Control Program	\$500,000
14935	4126.08	6981	3465.08		National AIDS & STD Control Program	\$1,075,000
14937	4223.08	6981	3465.08		National AIDS & STD Control Program	\$1,600,000
14938	4222.08	6981	3465.08		National AIDS & STD Control Program	\$1,200,000
14939	4221.08	6981	3465.08		National AIDS & STD Control Program	\$2,000,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Indirect Targets

Target Populations

Other

Business Community

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 360.08 Prime Partner: Liverpool VCT and Care Funding Source: GHCS (State) Budget Code: HVCT Activity ID: 4176.08 Activity System ID: 14920 Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Counseling and Testing Program Area Code: 09 Planned Funds: \$2,400,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

Other changes:

+ in FY 2007 LVCT piloted home based counseling and testing in a peri-urban settlement in the outskirts of Nairobi. In FY 2008 LVCT will continue providing this service in this and other regions of the country. The lessons learnt from the implementation of HBCT will enable LVCT to develop HBCT training and operational materials. LVCT will also support HBCT training, supervision and quality assurance.

+ in FY 2008 LVCT will facilitate the scale up of Couple CT nationally through training, mentorship and supervision. It will also involve community education and demand creation. This will be supported by a national media campaign on couple CT which will be implemented in the same period. LVCT will support the strengthening of Couple CT in all CT services including PITC, VCT and PMTCT. Couple CT (and family CT) will be particularly crucial in care and treatment settings, so as to facilitate CT for family members of patients in care or on treatment.

+ in FY 2008 LVCT will roll out the Work Place VCT program. Under the coordination of the National AIDS Control Council many private companies in Kenya have developed company HIV/AIDS policies. One of the strong components in most of these policies is the provision of VCT services to employees. LVCT has in the past facilitated workplace VCT programs for government, non-government, faith based and commercial institutions. Because of its experience and organizational capacity LVCT was asked to host the secretariat (coordinating unit) for this program. In FY 2008 this program will experience further growth and support from other stakeholders.

1.LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV treatment/services (#6985).

2.ACTIVITY DESCRIPTION

During FY 2007, Liverpool VCT and Care program (LVCT) will continue to improve model programs of CT and care through technical assistance to non-governmental organizations (NGO), community-based organizations and faith-based organizations (FBO). Core activities will include provision of CT to 200,000 people in medical and non-medical settings, training of 1,500 service providers and quality assurance support to partners. CT services will be provided in 110 services outlets and HIV positive clients referred to comprehensive care centers established through the President's Emergency funds. Specific efforts will be aimed at promoting couple CT, assisting discordant couples, and assisting HIV infected clients to disclose their status to their sexual partners. LVCT will continue to address the CT needs of special groups including men who have sex with men and people with visual and hearing impairments. In FY 2008 LVCT will continue facilitating prompt and appropriate referrals to care. It will maintain a regional presence in Eastern province, Central Nairobi and Nyanza provinces and will implement multiple models of CT services including mobile VCT where appropriate. By the end of FY 2007, 5,000 HIV positive persons tested will be started on ART at LVCT-operated care outlets. In addition, 10,000 will receive non-ARV treatment including prophylaxis for opportunistic infections. In keeping with its commitment to enhance local capacity to provide quality HIV/AIDS services, LVCT will conduct various types of CT trainings including DTC, VCT, couple counseling and Training of Trainers courses. To enhance service delivery of CT and care to the public, LVCT will provide technical assistance, capacity building and program support to selected government institutions. LVCT will also offer ongoing quality assurance trainings for its service providers and those of collaborating partners to ensure continuous improvement in quality of CT services. LVCT will also continue to carry out counselor supervision in 14 districts of Nyanza and central provinces in support of QA improvement. LVCT is a Kenyan NGO widely known for its leading role in providing quality VCT services and trainings. LVCT has been a CDC Kenya partner since 2002 and was awarded a CDC Cooperative agreement in September 2004 to continue providing VCT using multiple approaches, to train service providers in CT and support supervision; and to expand access to both ART and non ART Care for CT clients who test HIV positive. LVCT will continue to expand these activities during FY 2008.

3.CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through LVCT's efforts, an estimated 200,000 Kenyans will access CT in settings with well-established linkages to care services created through the president's Emergency fund. LVCT's CT targets will include significant numbers of counselors trained. LVCT will also provide mobile VCT services in selected underserved parts of Central, Eastern, Rift valley and Nyanza provinces to improve access to HIV prevention and care services. Many underserved rural communities will have better access to these essential services. Linkages between outreach Mobile VCT programs and medical sites where AIDS care and treatment are available will be enhanced thereby enabling many HIV infected individuals to access appropriate medical care and prevention services.

4.LINKS TO OTHER ACTIVITIES

HIV positive individuals identified through LVCT's CT activities will be linked to LVCT's Comprehensive Care Centers whose expansion will be designed to serve geographical clusters of CT sites. The model CT sites operated by LVCT will continue to be centers for best practice and training of service providers besides forming a platform to pilot activities that will guide National CT program improvement. Model youth friendly CT sites operated by LVCT will improve the program's responsiveness to the needs of the youth thereby improving access to services by this highly vulnerable sub-segment of Kenya's population. LVCT will also receive President's Emergency Fund to implement other HIV interventions that complement CT efforts. Such interventions will include direct links to LVCT ARV treatment/services activity (#6985) and other efforts that can be implemented as integrated packages.

5.POPULATIONS BEING TARGETED

This activity targets multiple high risk groups including people with disabilities, young people, as well as other most at risk populations especially men who have sex with men and survivors of rape. Public health care workers as well as leaders of FBOs and NGOs will be trained to address the particular needs of these groups, which also include widows/widowers, HIV positive pregnant women and mobile populations such as truck drivers and migrant workers.

6.KEY LEGISLATIVE ISSUES ADDRESSED

Activity Narrative: This activity will increase equity in programming through expansion of CT services that are responsive to the unique needs of the deaf, blind, men who sex with men, rape survivors, the youth and other marginalized groups. Increased availability of CT services for these special vulnerable groups will help to reduce stigma and discrimination amongst them.

7.EMPHASIS AREAS

This activity includes major emphasis in trainings on provider-initiate CT, client-initiated CT and quality assurance. There will be minor emphasis on development of infrastructure to provide space for CT service delivery, especially in medical facilities that have not yet institutionalized provider initiated CT. Another minor emphasis is in the area of quality assurance through LVCT catering to the ncrease in interest in quality of CT by the Kenyan Ministry of Health has been demonstrated through recent approval of new National strategy and tools for supervision and quality assurance (QA) for CT. Other minor emphasis areas are in the area of community mobiliziation and development of network/linkages/referral systems.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6983

Related Activity: 14921

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20249	4176.20249. 09	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	9001	360.09		\$2,600,000
6983	4176.07	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	4257	360.07		\$1,520,000
4176	4176.06	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	3235	360.06		\$1,340,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14921	4178.08	6974	360.08		Liverpool VCT and Care	\$1,000,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	110	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	1,500	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	200,000	False

Indirect Targets

Target Populations

General population Children (under 5)	
Boys Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Special populations	
Most at risk populations	
Men who have sex with men	
Other	
Business Community	
Discordant Couples	
People Living with HIV / AIDS	

Coverage Areas			
Central			
Eastern			
Nairobi			
Nyanza			

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4914.08 Prime Partner: JHPIEGO Mechanism: APHIA II - Eastern

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 8782.08

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$1,200,000

Activity System ID: 14867

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

+ geographic coverage has been revised and expanded to include additional districts in the Eastern Province

+ target population will be expanded to include OVCs

+ APHIA II Eastern will expand counseling services within the province and include outreach services provided through existing and new VCT sites that are integrated within health facilities. The CT services will include door to door VCT and testing of family members of the infected individuals receiving care and treatment within the facility.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in PMTCT (#8752), TB (#9069), AB (#8725) and OP (#8932), and ART (#8792).

2. ACTIVITY DESCRIPTION

In 2008, this activity will reach 100,000 individuals with CT services including PITC, VCT and HBCT through 30 outlets and will train 300 providers. In FY 2007 USAID's APHIA II Eastern Project - JHPIEGO will continue to promote the availability and delivery of high quality counseling and testing (CT) services in public Ministry of Health (MOH) facilities, an essential element of clinical and preventive care. JHPIEGO and other organizations such as EGPAF have found that ART initiation is increased where the diagnostic testing and counseling program was established in 2006. APHIA II Eastern project will collaborate with the Ministry of Health's (MOH) National AIDS and STI Control Program (NASCOP) and National TB and Leprosy program (NLTP) to strengthen provincial level management and coordination of Counseling and Testing in the clinical setting related to in-service training at all levels of health care delivery. This will be done through the following strategies; strengthen planning, implementation and coordination of CT inservice training; develop a provincial core team of trainers by conducting a training of trainers course (TOT) for NASCOP/NLTP / and Provincial Health Management team (PHMT). In FY 2007 this activity will continue to expand the geographical coverage of this service to increase access for couples and families. A total of 25 new VCT sites will be established in public and faith based health facilities. Training in VCT and DCT will be provided for 150 counselors and health care workers respectively. As a result 20,000 individuals will be counseled and tested and referred to care, treatment and other services as required. Increasing access to antiretroviral therapy dictates that CT efforts quickly transform to accommodate active case finding through provider initiated testing, PIT, in clinical settings, in addition to the more passive client initiated testing, CIT. Existing integrated VCT sites are particularly well placed to support these efforts; they will be strengthened to support DTC efforts e.g. supporting start up activities, providing testing for partners and other family members of index patients, and providing ongoing counseling. Testing in clinical settings will require support for logistics, creation and renovation of space especially at inpatient facilities, supportive supervision, ongoing monitoring, and mainstream CT reporting. Existing supported VCT sites already serve a large population of young people aged 24 and younger. In addition to existing dedicated youth VCT services, counselors at general VCT sites will be trained to work with young people. Targeted outreaches to youth centers and tertiary institutions, will also reach young people. Experiences with comprehensive counseling services at existing youth VCT centers including alcohol and substance abuse prevention counseling; gender based violence prevention and counseling, pregnancy prevention/FP; STI prevention, diagnosis and treatment; and referral to addiction treatment services; will be documented and used to scale up these efforts at existing general VCT sites. Outreach services, health action days, will require effective supervision, sessional staff, supplies, data collection and other logistics. BCC strategies supported by CBOs, FBOs, churches and mosques will encourage people to know their HIV status, and develop discordant couples support groups.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This program will contribute to 2007 emergency plan result for increased availability of counseling and testing through training of health workers. A total of 20,000 individuals will receive CT services.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to the prevention of mother to child transmission (#8752), TB (#9069), AB (#8725), OP (#8932) and other care programs including treatment (#8792). The proposed CT training and supervision activities by NASCOP will link with APHIA II Eastern Program activities.

5. POPULATIONS BEING TARGETED

This activity targets adolescents and adults, including HIV positive pregnant women. It also targets Ministry of Health staff working as provincial ART Program Officers, physicians, pediatricians as well as clinical officers, nurses, midwives and other health care workers in public and faith based facilities. Most at risk populations will also be a target for this activity with a focus on commercial sex workers, discordant couples and street youth.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will help reduce stigma associated with HIV status by increasing the availability of routine testing for diagnosis in medical settings.

7. EMPHASIS AREAS

The activity includes a major emphasis on training. Minor emphasis will be in quality assurance and supportive supervision and development of network/linkages/referral systems. Minor emphasis on community mobilization activities as the activity will be integrated to the prevention program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8782

Related Activity: 14861, 14862, 14863, 14864, 14865, 14868

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20609	8782.20609. 09	U.S. Agency for International Development	JHPIEGO	9088	4914.09	APHIA II - Eastern	\$1,300,000
8782	8782.07	U.S. Agency for International Development	JHPIEGO	4914	4914.07	APHIA II - Eastern	\$630,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14861	8752.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,300,000
14862	8725.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$2,300,000
14863	8932.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,200,000
14864	8863.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$700,000
14865	9069.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$300,000
14868	8792.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,700,000

Emphasis Areas

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	30	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	300	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	100,000	False

Indirect Targets

Target Populations	
General population	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Special populations	
Most at risk populations	
Men who have sex with men	
Most at risk populations	
Persons in Prostitution	
Other	
Orphans and vulnerable children	
Discordant Couples	

Coverage Areas

Eastern

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 210.08 Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State) Budget Code: HVCT Activity ID: 4087.08 Activity System ID: 14880 Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Counseling and Testing Program Area Code: 09

Planned Funds: \$3,300,000

The only changes to the program since approval in the 2007 COP are:

+ the target population has been expanded) to include a special emphasis on couples and family members

+ in FY 2007 KEMRI received supplementary funds for the expansion of HIV counseling and testing services in Nyanza province. With these additional resources KEMRI was able to establish a home based HIV counseling and testing program in the underserved and very high-prevalence areas of Asembo, Gem and Karemo. These enabled KEMRI to reach an additional 70,000 people with HIV counseling and testing services. Funds were used to employ additional personnel, especially VCT counselors, as well as data personnel. It was also used to improve logistics such as transport for outreach personnel, and for the procurement of essential commodities. A small component was used for community mobilization at various levels, including mass media and employment of community mobilizers.

In FY 2008, these activities will be consolidated and expanded. KEMRI will also support couple counseling and testing services country-wide. For this to succeed, KEMRI will work closely with Partners in Prevention, which has four satellite centers in Kisumu, Eldoret, Nairobi and Thika. These four sites will be used as the nuclei for the rapid expansion of couple counseling and testing in the country. These centers will support training, mentorship, supervision and development of materials for couple counseling and testing.

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in AB (#6943), OP (#6948), ART (#6945), PMTCT (#6949), TB/HIV (#6944), and Lab (#6940).

2. ACTIVITY DESCRIPTION

In FY Kenva Medical Research Institute (KEMRI) will strengthen and expand HIV counseling and testing (CT) services in Nyanza province, the region with the highest prevalence in the country. CT services in Nyanza include both client and provider initiated CT approaches, and is provided both in health facilities and in the community. In FY 2008, KEMRI will put more resources into provider-initiated, couple and homebased CT. In provider-initiated CT, KEMRI will support dissemination of policies and guidelines, training and supervision. In the same FY 2008 KEMRI will expand the implementation of home based CT in Asembo, Gem and Karemo, as part a comprehensive community HIV/AIDS program. Other components of the home care program will be PMTCT, ART, Lab and TB-HIV. Proper implementation of the home-based CT program in Nyanza will lead to many previously undiagnosed people knowing their status and being referred to care and treatment. It will also support community and client education about HIV/AIDS. Special efforts will be made to promote couples VCT and to provide prevention services for discordant couples. In FY 2008, KEMRI will provide CT services to at least 250,000 people in the region. In order to achieve this, they will train 300 counselors and health workers. Most of these will be deployed to the home-based CT program. Currently there are 12 health facilities that provide DTC in both out-patient and in-patient services in the whole of Nyanza. In FY 2008, this service will be expanded to cover 120 sites in the province. In FY 2007, KEMRI will also facilitate quality assurance for both counseling and testing.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

CT in this high prevalence area will result in identification of many previously undiagnosed HIV positive individuals and discordant couples who will benefit from prevention, care and treatment that have been made available through the President's Emergency Fund. This partner is expected to contribute 7% the total USG target for CT during FY 2008. These planned activities will contribute to the result of increased access to CT services, particularly among underserved and high risk populations. In health care settings, increased availability of diagnostic CT services will lead to identification of many HIV infected patients who are eligible for ART. The activity also contributes substantively to Kenya's 5-Year Strategy that focuses on encouraging Kenyans to learn their status and emphasizes HIV testing as standard package of care in medical settings. The strategy also emphasizes the development of strong links between CT services and care outlets and also between the community and the heath care system.

4. LINKS TO OTHER ACTIVITIES

KEMRI CT activities in Nyanza province and neighboring areas will refer increased number of HIV positive patients requiring care to the Emergency fund supported Comprehensive care centers in the three districts of Kisumu, Bondo and Siaya. Strengthened linkages between CT centers and care outlets will improve utilization of care opportunities created through the President's Emergency Fund and other partners. This activity is linked to KEMRI AB activity (#6943), KEMRI-ART activity (#6945), KEMRI PMTCT activity (#6949), KEMRI TB/HIV activity (#6944) and KEMRI OP activity (#6948). This activity is also linked to KEMRI Lab activity (#6940).

5. POPULATIONS BEING TARGETED

This activity will mainly target rural communities in the project site, working together with community and religious leaders in each community. In this area, the whole population will be targeted, including adults, youth and children (including infants). The activity will also target symptomatic individuals seeking care at health facilities especially in medical wards, STI clinics, TB clinics and other service outlets targeting conditions that are commonly associated with HIV. In addition, health care providers in both public and private medical settings will be trained to provide CT services to patients as part of routine medical care.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity through family approach to CT, during the home based CT program. The low CT service uptake by couples and low disclosure rate by partners will be addressed through vigorous campaigns to educate people of Nyanza on the benefits of couple VCT and mutual disclosure of HIV status. The much increased availability of CT services in clinical and community settings will help to reduce stigma and discrimination besides addressing people's right to access the highest standards of CT and care services.

7. EMPHASIS AREAS

In FY 2007 KEMRI will implement home based CT. Major emphasis areas for this activity are in the area of training. In addition, part of the implementation of this activity will involve a minor emphasis on targeted

Activity Narrative: evaluation activities. But for this to succeed there will be need for other emphasis to be in the areas of human resource development, community mobilization and development of network/linkages. In some instances, there may be need for infrastructural support to facilitate referral. Apart from the home based CT program KEMRI will continue to provide oversight technical support to CT activities in the entire Nyanza region, for quality assurance and quality improvement.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6941

Related Activity: 14875, 14876, 14877, 14879, 14882, 14883

Continuned Associated Activity Information

Activit System		USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20774	4087.20774. 09	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	9095	210.09		\$1,500,000
20638	4087.20638. 09	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	9095	210.09		\$2,400,000
6941	4087.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	4246	210.07		\$2,260,000
4087	4087.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3201	210.06		\$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14875	4095.08	6964	210.08		Kenya Medical Research Institute	\$1,578,138
14876	4089.08	6964	210.08		Kenya Medical Research Institute	\$641,500
14877	4094.08	6964	210.08		Kenya Medical Research Institute	\$703,500
14879	4090.08	6964	210.08		Kenya Medical Research Institute	\$589,786
14882	4091.08	6964	210.08		Kenya Medical Research Institute	\$2,879,695
14883	4086.08	6964	210.08		Kenya Medical Research Institute	\$3,050,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Male circumcision

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	172	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	285	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	22,700	False

Gene	eral population	
Child	lren (under 5)	
Bo	iys	
Child	Iren (under 5)	
Gir	rls	
Child	Iren (5-9)	
Bo	iys	
Child	Iren (5-9)	
Gir	rls	
Ages	s 10-14	
Bo	iys	
Ages	s 10-14	
Gir	rls	
Ages	3 15-24	
Me	en	
Ages	s 15-24	
Wo	omen	
Adults	ts (25 and over)	
Me	€n	
Adults	ts (25 and over)	
Wo	omen	
Other	r	
Disco	ordant Couples	

Coverage Areas

Nyanza

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1244.08 Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State) Budget Code: HVCT Activity ID: 4249.08 Activity System ID: 14898 Mechanism: Kenya Department of Defense USG Agency: Department of Defense Program Area: Counseling and Testing Program Area Code: 09 Planned Funds: \$120,000

1.LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: TB/HIV [#6961], Treatment: ARV services [#6958], Abstinence/Being Faithful [#6966] and Condoms and Other Prevention [#6962].

2.ACTIVITY DESCRIPTION

Kenya's Department of Defense (KDOD) has received support from the Emergency Plan to implement a comprehensive HIV/AIDS program since FY 2004. One of the key components of this program is HIV counseling and testing (CT), which is useful, both for prevention and for access to care. A large majority of the military personnel and their families are young people. Also, a sizable proportion of the actual military personnel can be classified as high-risk, given that they often travel far away from their families. A comprehensive HIV/AIDS program, including CT is essential in the military. In FY 2008 KDOD will expand its CT activities in both the static sites and through community and military mobile (outreach) activities. 2 new VCT sites will be created to make a total of 30 VCT sites. Core activities will include training and continued support to the existing 28 VCT sites. By so doing KDOD will have adequate capacity to provide CT to an additional estimated 10,000 people, including military personnel and their dependants, KDOD civilian employees, and the general population living near the barracks. All those who test HIV positive will be referred to the nearest military clinics for care. In terms of training, 100 people (mostly health care workers) will be trained and retrained in Provider-Initiated Testing and Counseling (PITC), lay counselors including PLWHA will be trained in VCT and 20 counselors will be trained as supervisors. In FY 2008, the KDOD program will intensify mobile VCT services targeting the Military Hot spots and high density non military communities around the 4 major military regions (Nairobi, Central, Rift Valley and Coast). It will also take advantage of the military logistics support to provide CT services to the underserved areas in the North Eastern Province. In addition, greater involvement of people living with HIV/AIDS (GIPA) will be sought and encouraged as one of the ways of reducing the stigma associated with CT. Quality assurance (QA) for both counseling and testing will be expanded to cope with increased service uptake during the planned scale up in FY 2008. The QA program will be done in keeping with national and international standards. QA for counseling will involve monthly support supervision to practicing counselors.

3.CONTRIBUTIONS TO OVERALL PROGRAM AREA

KDOD'S CT program will contribute to the overall national CT target by providing CT services to the military, which is a special, high risk population. The mobile VCT services will improve access to HIV prevention and care services in remote areas that do not have fixed VCT sites, thus ensuring better access to CT services. This activity will also contribute substantively to Kenya's 5-year strategy that emphasizes universal knowledge of HIV status amongst Kenyans. Links between CT services and care will be enhanced.

4. LINKS TO OTHER ACTIVITIES

This activity is part of a comprehensive HIV care and treatment program within the KDOD linked to other services such as AB (#6966), OP (#6962), TB/HIV (#6961) and ART (#6958). Linkages between CT services and care outlets will be strengthened to improve utilization of care opportunities that have been created in KDOD's health infrastructure through PEPFAR funding.

5. POPULATIONS BEING TARGETED

This activity will mainly target the Military personnel, their dependants, KDOD Civilian personnel and adult members of the general population. Trainings will target health care workers, lay people and PLWHA

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will empower and increase awareness through counseling and targeted messages for the military personnel. Vigorous campaigns to educate them on the benefits of VCT services, couple VCT and mutual disclosure of HIV status will be undertaken. Testing and counseling will also be promoted in clinical setting, especially TB, STD, PMTCT Clinics and medical wards to enhance identification and timely referral of those requiring care. It will also seek to empower and inform the KDOD staff, families and communities through counseling and targeted messages. The increased availability of CT services and their popularization among the Military personnel will reduce stigma and ensure equitable access to CT services across gender.

7. EMPHASIS AREAS

This activity includes major emphasis on commodity procurement and training with minor emphasis in infrastructure improvement.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6957

Related Activity: 14893, 14894, 14895, 14897,

14899

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20593	4249.20593. 09	Department of Defense	Henry M. Jackson Foundation Medical Research International, Inc.	9086	1244.09	Kenya Department of Defense	\$100,000
6957	4249.07	Department of Defense	Kenya Medical Research Institute	4248	1244.07	Kenya Department of Defense	\$80,000
4249	4249.06	Department of Defense	Kenya Medical Research Institute	3262	1244.06	Kenya Department of Defense	\$75,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14893	5272.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$175,000
14894	4254.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$75,000
14895	4252.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$100,000
14897	5099.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$150,000
14899	4250.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$1,150,000

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

* Family Planning

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	30	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	100	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	10,000	False

Indirect Targets

Target Populations General population Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women **Special populations** Most at risk populations **Military Populations** Other Civilian Populations (only if the activity is DOD) **Discordant Couples** People Living with HIV / AIDS

Coverage Areas

Rift Valley

Mechanism ID: 323.08	Mechanism: N/A	
Prime Partner: Kenya AIDS NGO Consortium	USG Agency: HHS/Centers for Disease Control & Prevention	
Funding Source: GHCS (State)	Program Area: Counseling and Testing	
Budget Code: HVCT	Program Area Code: 09	
Activity ID: 8748.08	Planned Funds: \$200,000	
Activity System ID: 14874		

The only changes to the program since approval in the 2007 COP are

+ target population has been expanded to include other high risk groups such as men who have sex with men (MSM)

+ in FY 2008, KANCO will cover institutions of higher learning such as universities and colleges. They will engage the leadership of these institutions on the best strategy for each institution. In some institutions a CT campaign strategy may be appropriate, whereas other institutions would prefer information and education and referral information. The education component will be linked the PEPFAR funded AB and OP activities.

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in AB (#6939) and OP (#6938).

2. ACTIVITY DESCRIPTION

The Kenya AIDS NGOs Consortium (KANCO) is an umbrella organization, which was formed in 1994, to support non-governmental organizations (NGO's) working in the area of HIV/AIDS in Kenya. Since FY 2005, they have received support from the President's Emergency plan to implement HIV prevention activities. They have done so in collaboration with other NGOs, who have expertise or experience in a specific area. In CT they have worked mainly with WHEMIS in the Thika area. In FY 2008 KANCO will provide counseling and testing services to 10,000 people, both adults and youth. They will train 20 counselors who will work in 10 mobile and static VCT sites located in Nairobi and in neighboring towns of Thika, Athi River and Ongata Rongai. Both the mobile and the static sites will have a youth emphasis, whereby they will serve as comprehensive youth centers. KANCO will also coordinate the provision of mobile VCT services to communities in the target areas. These include slum dwellings in Athi River and around the Mlolongo area inhabited by migrant workers and Ongata Rongai which has quarry workers. KANCO will also target truckers, sex workers and their partners and the jua kali (informal sector) workers by providing mobile VCT services at the Mlolongo hotspot at convenient hours, including late in the night to cater for truckers and those clients who would be more available at night. The RAY project's monitoring and evaluation system will be improved and a data base set up to closely monitor the counseling and testing interventions. KANCO will also work closely with health service providers to offer diagnostic testing and counseling alongside STI screening and treatment. Following on from the provision of CT services, the project will also ensure referrals and follow up for ART and basic care and treatment for opportunistic infections.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

The CT services that will be provided by KANCO will contribute modestly towards less than 1% of the total CT target supported by the President's Emergency plan in FY 2008. However, their support for high risk groups like commercial sex workers and migrant workers is important. Also, their work in the informal commercial sector (Jua Kali) is noteworthy.

4. LINKS TO OTHER ACTIVITIES

This activity will be linked to KANCO's AB (#6939) and OP (#6938) activities.

5. POPULATION BEING TARGETED

As stated above, this activity will target high risk groups such as commercial sex workers, together with their clients, truckers and migrant workers. It will also target the out of school youth.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will reduce the HIV related stigma and discrimination, as well as address the problem of gender in-equity. This will allow women and girls to access HIV/AIDS services without any obstacles or limitations.

7. EMPHASIS AREAS The activity will have a major emphasis on community mobilization and minor emphasis in capacity building for other organizations. To a lesser extent, the activity will focus on the production of information, education and communication materials. Another minor emphasis area is in the field of human resources.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8748

Related Activity: 14872, 14873

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20617	8748.20617. 09	HHS/Centers for Disease Control & Prevention	Kenya AIDS NGO Consortium	9092	323.09		\$200,000
8748	8748.07	HHS/Centers for Disease Control & Prevention	Kenya AIDS NGO Consortium	4245	323.07		\$60,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14872	5132.08	6963	323.08		Kenya AIDS NGO Consortium	\$437,500
14873	4153.08	6963	323.08		Kenya AIDS NGO Consortium	\$587,500

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	10	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	20	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	10,000	False

Indirect Targets

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Coverage Areas

Central

Nairobi

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3478.08	Mechanism: ACCESS
Prime Partner: JHPIEGO	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 4155.08	Planned Funds: \$800,000
Activity System ID: 14859	

The only changes to the program since approval in the 2007 COP are:

+ geographic coverage has been revised and expanded to include Eastern, North Eastern, and Nairobi and Central provinces

+ to provide Provider Initiated Counseling and Testing.

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in counseling and testing [#8760, #8776, #8777, #8778, #8781, #8782, and #8976] and counseling and testing [#8009]. This activity is also related to activities in injection safety [#8821].

2. ACTIVITY DESCRIPTION

In FY 2008 USAID'S ACCESS project implemented by JHPIEGO will continue to promote the availability and delivery of high quality counseling and testing services in public Ministry of Health (MOH) facilities, an essential element of clinical and preventive care. The guidelines will be disseminated in additional districts nationally and orientation provided to 400 health workers. Subsequently these health workers will give service orientation to 8,000 health workers using a cascade on-the-job (OJT) approach. This activity will continue to monitor activities initiated in FY 2006 and FY 2005 in Western, Coast, Nyanza and Rift Valley Province This activity will also promote the availability of diagnostic counseling and testing (DCT) in Ministry of Health facilities, a vital entry point to prevention, treatment and care. Strengthening referrals and linkages to care, treatment, and prevention will continue to be a priority for FY 2008. This activity will enable health workers to reach individuals who are most likely to benefit from ARV treatment, through integration with STI, TB, and in patient services. Effective linkages to comprehensive care centers (CCC) for HIV treatment will be established. The activity also focuses on increasing linkages between STI, TB and in patient services with HIV treatment services. The increased availability of DCT will help to reduce stigma associated with HIV testing. Significant changes from initiated in 2006 include the advancement of training for health workers through on the job (OJT) cascade training. The activity also focuses on increasing linkages between STI, TB and in patient services with HIV treatment services. The increased availability of DCT will help to reduce stigma associated with HIV testing. In FY 2005 JHPIEGO supported the National AIDS and STI Control Program (NASCOP) to develop an orientation package for health workers to build skills in counseling and testing in medical settings as defined in the National Guidelines. This orientation for health workers helped to improve the quality of DCT in 8 districts in Central, Eastern and Nairobi Province. In FY 2006 this activity advanced the DCT skills of health workers in Western, Nyanza, Rift Valley, and Coast Province and improve the quality of prevention, palliative and HIV treatment services. JHPIEGO will participate in the MOH's Technical Working Group to ensure coordination of activities and compliance with MOH guidelines for service delivery. JHPIEGO will also collaborate with local non-governmental organizations for people living with HIV/AIDS and community healthcare workers to reduce stigma towards DCT. At the planning stage, both central and appropriate peripheral levels of the ministry of health will be involved along with other stakeholders.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the 2008 Emergency Plan result for increased availability of diagnostic counseling and testing through training of health workers. It will enable service providers to identify the large numbers of HIV infected patients who are potential candidates for ART. This activity will increase access to prevention and treatment services particularly among underserved and high risk populations. It also contributes to Kenya's 5-year strategy emphases of encouraging Kenyans to learn their status and developing strong links between counseling and testing and HIV services for those who are HIV positive and in need of health care.

4. LINKS TO OTHER ACTIVITIES

JHPIEGO/ACCESS activities are focused on trainings and are therefore linked to counseling and testing activities conducted by the APHIA II partners in counseling and testing in the different provinces: Coast (#8781), Rift Valley (#8776), Western (#8777), NEP (#8778), Eastern (#8782), Nairobi/Central (#8976), Nyanza (#8760). It is also related to NASCOP/MOH (#7009) counseling and testing. This activity is also related to JHPIEGO/ACCESS activities in Injection safety (#8821).

5. POPULATIONS BEING TARGETED

This activity targets MOH staff including program managers in the NASCOP, public health care doctors and nurses, other health care workers including community health workers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will help to reduce stigma associated with HIV status by increasing the availability of routine testing for diagnosis in medical settings.

7. EMPHASIS AREAS COVERED

This activity includes major emphasis on training and minor emphasis in development of network/linkages/referral systems as detailed in the activity description in Section 1 above as well as minor emphasis on policy and guidelines.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6924

Related Activity: 14857, 14858, 14860

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20599	4155.20599. 09	U.S. Agency for International Development	JHPIEGO	9087	3478.09	ACCESS	\$900,000
6924	4155.07	U.S. Agency for International Development	JHPIEGO	4239	3478.07	ACCESS	\$500,000
4155	4155.06	U.S. Agency for International Development	JHPIEGO	3478	3478.06	ACCESS	\$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14857	4811.08	6959	3478.08	ACCESS	JHPIEGO	\$300,000
14860	12493.08	6959	3478.08	ACCESS	JHPIEGO	\$500,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	1,200	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas		
Central		
Eastern		
Nairobi		
North Eastern		

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 671.08 Prime Partner: Tenwek Hospital Funding Source: GHCS (State) Budget Code: HVCT Activity ID: 4245.08 Activity System ID: 15007 Mechanism: N/A USG Agency: Department of Defense Program Area: Counseling and Testing Program Area Code: 09 Planned Funds: \$350,000

1.LIST OF RELATED ACTIVITIES

This activity relates to activities in HIV/AIDS treatment/ARV services [#6973], Palliative Care: Basic Health Care and Support [#6922] and Palliative Care TB/HIV [#6922]

2.ACTIVITY DESCRIPTION

Tenwek Mission Hospital is a 300-bed, faith-based hospital in Bomet District serving an estimated population of 500,000 people. Counseling and testing (CT) activities for the hospital have primarily been conducted through the Tenwek Community Health Department (TCHD) in six districts within the Rift Valley Province through 9 stand alone Voluntary Counseling and Testing (VCT) sites as well as mobile VCT services which attends to the undeserved, hard-to-reach rural areas throughout the six districts. In FY 2008, these sites will expand to 15 which will include service delivery sites providing counseling and testing in the clinical care settings as well as through an expanded mobile VCT activities. In FY 2007, Tenwek Mission Hospital was able to reach 14,000 individuals through continued support of their existing sites as well as scale up the testing of in-patient and TB patients for HIV. The six districts in Kenya in which TCHD has had a significant presence in the area of CT are characterized by its high rural population and poor infrastructure which severely limits the accessibility of medical services. TMH has been an Emergency Plan partner since 2004 and has successfully provided VCT to approximately 35,000 Kenyans in some of the most- difficult to reach areas in the south Rift Valley. With the assistance of the FY 2008 Emergency Plan funding, TCHD will continue to bring CT services to many of the migrant seasonal workers in the tourism industry in a few Kenyan national parks through mobile VCT. TCHD will also continue to ramp up services at their VCT site in Naikara which serves the migratory population of the traditional Masaai community through both a stand alone site as well as mobile VCT services. TCHD is also targeting at-risk populations through the prisons and outreach VCT services to commercial sex workers in many of the towns along the major Kenyan highways. They have also converted three of their stand alone sites to youth friendly sites, in order to attract and serve both in and out of school youth which contributed greatly to an increase in the number of individuals counseled and tested for HIV at these sites. Through the promotion of CT services to the youth, TCHD/TMH provides an important link to early prevention and subsequent behavior change to youth between the ages of 15-24 who are globally most at risk for transmission of HIV. TCHD will also continue to use mobile VCT as a major strategy in reaching their targets in CT. In FY 2006, TCHD was able to reach over 6,000 individuals through mobile VCT which sought to bring quality VCT services to a population that would not have had access to this service. In order to further expand counseling and testing activities in FY08, 80 health care workers will be trained in Provider Initiated Counseling and Testing (PICT) at TMH as well as other TCHD sites. In addition, funds will be used to train 20 qualified individuals to provide services through the existing stand alone VCT sites and mobile VCT by pursuing trainings for couple counseling and VCT supervision.

3.CONTRIBUTIONS TO OVERALL PROGAM AREA

TCHD, in conjunction with TMH, will successfully allow 50,000 more Kenyans to gain a personal knowledge of their HIV status through traditional VCT sites and mobile counseling and testing services. In accordance with the national initiative of increasing HIV testing in clinical sites, TMH will also bring quality PITC in their hospital in Bomet District, which will contribute to the number of individuals learning their HIV status. Furthermore, in accordance with the Emergency Plan's overview for CT, special populations will be targeted in FY 2008 in CT for Tenwek by focusing on bringing quality CT services to identified at-risk populations.

4.LINKS TO OTHER ACTIVITIES

TMH CT activity is closely linked with KEMRI-South Rift Valley TB/HIV activities (#6975) and HBHC (#6922) as well as with existing Antiretroviral Therapy (#6973) programs in the south Rift Valley.

5. POPULATIONS BEING TARGETED

Many of TCHD VCT stand alone sites are situated along the busy transportation routes of Kenyan highways; the initiative of many of these sites is to target commercial sex workers and other mobile populations such as truck drivers. The transformation of 3 of their existing sites to become youth friendly in FY05 has also captured the youth population. The mobile CT services are bringing CT migrant workers currently working in the seasonal tourism industry in a few of the Kenyan national parks that are part of the geographic area that TMH serves. TMH CT services will also be extended to reach the frequent discordant couple phenomenon found in the church community. PICT will also be targeting the general population seeking medical services at TMH as well as training private health care workers in the delivery of PICT in the clinical setting.

6.KEY LEGISLATIVE ISSUES ADDRESSED

CT activities undertaken by TMH will focus on improving the availability and accessibility of gender sensitive CT services to women and young girls. They will focus on utilizing CT services as a behavior change intervention that empowers young girls to be more pro-active regarding issues surrounding sexuality as well as serving as a tool to counsel men on gender-specific traditional roles and beliefs that have had a direct relationship to the rapid spread of HIV in the area.

7. EMPHASIS AREAS

TCHD's budget will be split up into community mobilization, human resources, information, education and communication, and training. A small emphasis of the TMH efforts will also be used to continue the financial support of their dedicated counselors and staff providing quality CT services. TCHD will be mobilizing community resources to disperse educational material to prepare communities for their mobile VCT. Also, the TCHD will need to conduct recruitment and training to meet the needs of their expanding VCT activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7038

Related Activity: 14903, 14904, 14905, 14908

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7038	4245.07	Department of Defense	Tenwek Hospital	4284	671.07		\$200,000
4245	4245.06	Department of Defense	Tenwek Hospital	3258	671.06		\$170,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14903	8808.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$240,000
14904	6922.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,050,000
14905	6975.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,200,000
14908	6973.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$7,170,714

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

* Family Planning

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	15	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	100	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	50,000	False

General population Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women **Special populations** Most at risk populations Persons in Prostitution Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Rift Valley

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4921.08

Prime Partner: United Nations High Commissioner for Refugees Mechanism: N/A

USG Agency: Department of State / Population, Refugees, and Migration

Funding Source: GHCS (State)

Budget Code: HVCT

Program Area: Counseling and Testing

Program Area Code: 09

Activity System ID: 15017

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

+ in FY 2008 UNHCR will implement a broader scope of counseling and testing approaches. This includes mobile and other integrated outreach CT activities. UNHCR will facilitate the integration of HIV/AIDS service at community level. In health facilities UNHCR will facilitate training and mentorship for health workers in all clinical areas. This will lead to expansion of CT in health facilities. This support will be extended to the nearby heath center and other government facilities in the neighboring areas.

1.LIST OF RELATED ACTIVITIES

This activity is related to AB [#9215], OP [#9235], Basic Care and support [#8736] and ARV services [#8982]

2.ACITIVITY DESCRIPTION

IN FY 2007 The United Nations High Commissioner for Refugees (UNHCR) will support counseling and testing services to 10,000 individuals, for whom 100 counselors and health workers will be trained in 5 sites. They will be trained in VCT, PITC and couple CT and will work in the Dadaab Refugee Camp in North Eastern Province, Kenya. The trained CT providers will provide CT services both in the static and mobile VCT sites as well as in the health facilities in and around the camp. Dadaab Refugee Camp was established in 1991 and consists of three settlements (Ifo, Hagadera and Dagahaley). It hosts 140,000 Somali refugees and 20,000 Kenyans of the Somali tribe. Each camp has a hospital and three satellite health centers. Sentinel surveillance activities in 2005 reported a 1.4% HIV seroprevalence among ANC clinic attendees, 1.7% among STI patients, indicating that there a generalized epidemic in the camp. From these statistics, it is estimated that there are 2300 HIV-infected refugees in the camp. UNHCR has been coordinating health care services in the camp in collaboration with other partners, notably GTZ, National Council of Churches of Kenya (NCCK), and CARE Kenya. Heath providers trained in PITC will provide services in the refugee camp hospitals and health centers. Activities will be conducted in close collaboration with the Ministry of Health personnel to ensure compliance with MOH guidelines as well as to provide logistical support on the ground. CDC will provide technical support to this activity through conducting site and service assessments and providing training for counselors through a CDC-designated training agency. Owing to the low uptake of CT services in Dadaab, intensive community mobilization will be carried out in conjunction with other activities funded under PEPFAR including OP and AB. Community outreach activities for primary health care will be integrated so that CT services are seen as an integral part of heath care delivery.

3.CONTRIBUTION TO OVERALL PROGRAM AREA.

The activity will contribute less than 1% of the USG supported CT services in Kenya in FY 2007. However, the refugee population is considered to be a vulnerable to HIV/AIDS because of the poverty and the unstable lifestyle. Secondly, there has been insecurity in northern Kenya and Somalia. This means that services are not readily available or accessible. Kenya, with the support of friendly governments and international agencies, have an obligation to provide comprehensive health care to refugees and other displaced persons. Those who will be found to be HIV positive will be referred to care and treatment facilities.

4.LINKS TO OTHER ACTIVITIES.

UNHCR has been working with various sub-partners in Dadaab, in the provision of health services. In FY 2007, it will continue with this trend, by supporting the sub-partners to provide different components of the HIV/AIDS interventions. This activity will therefore be linked to AB[#9215], OP[#9235], Palliative Care [#8736] and ARV services[#8982]. 5. POPULATIONS BEING TARGETED. This activity will target the entire population in the refugee camp. This includes adults, youth and children. It will also include refugees and migrant workers

6. KEY LEGISLATIVE ISSUES ADDRESSED.

By targeting the entire population, the activity will address issues of gender equity and stigma.

7. EMPHASIS AREAS.

The activity will emphasize community mobilization and capacity building of local organizations. To a lesser extent they will focus on training, production of IEC materials and development of networks.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8980

Related Activity: 15014, 15015, 15016, 15018

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8980	8980.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	4921	4921.07		\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15014	9215.08	7009	4921.08		United Nations High Commissioner for Refugees	\$200,000
15015	9235.08	7009	4921.08		United Nations High Commissioner for Refugees	\$100,000
15016	8736.08	7009	4921.08		United Nations High Commissioner for Refugees	\$100,000
15018	8982.08	7009	4921.08		United Nations High Commissioner for Refugees	\$50,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	5	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	100	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	10,000	False

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Refugees/Internally Displaced Persons

Coverage Areas

North Eastern

Table 3.3.09: Activities by Funding Mechansim

Prime Partner: Population Services International Funding Source: GHCS (State) Budget Code: HVCT Activity ID: 4930.08 Activity System ID: 14985

Mechanism ID: 3588.08

Mechanism: APHIA II - Health Communication & Marketing USG Agency: U.S. Agency for International Development Program Area: Counseling and Testing Program Area Code: 09 Planned Funds: \$2,750,000

Change since the COP was approved in 2007:

+ HCM will develop 3 media campaigns that promote PITC and other types of counseling and testing promotion.

1.LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Being Faithful (#7052), Other Prevention (#7051), Blood safety (##8804), and PMTCT (#7050).

2.ACTIVITY DESCRIPTION

Health Communication and Marketing (HCM) is an integrated project, focused primarily (at least 75%) on HIV/AIDS prevention care and treatment in support of other PEPFAR activities in Kenya. The purpose of the HCM award is to improve health outcomes through increased prevention and other healthy behaviors. This will be done through marketing and communications activities within the health sector. This activity will also build the sustainability of local organizations to do this work. The objectives of this activity in HIV/AIDS are to 1) Improve the preventive behaviors of Kenyans related to HIV/AIDS, in particular increasing the percent of men and women aged 15-24 abstaining from sex, promoting fidelity, partner reduction, the correct and consistent use of condoms in high-risk sexual encounters, and the percent of men and women going for VCT and receiving their test results (the "ABC" approach). 2) Improve service utilization rates for voluntary counseling and testing (VCT), and prevention of mother to child transmission (PMTCT) of HIV. This includes increasing the percentage of pregnant women who access PMTCT services including VCT and increasing the number of Kenyans who use VCT services and receive their test results. 3) Build the capacity of local institution(s) in Kenya's commercial, non-governmental, and/or faith-based sectors by working in collaboration with them to develop and manage a cost-effective marketing, sales, and distribution network that improves availability and access by key populations to products related to HIV/AIDS; develop and manage a communications initiative to increase knowledge and change behavior of Kenvans with respect to HIV/AIDS including interpersonal communication; and develop the management and technical capacity of these organizations to manage and implement social marketing and communications programs. This program will not issue sub awards but will pay suppliers of goods and services directly,

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY 2008, in CT, this partner will develop and disseminate communication messages/materials on counseling and testing provider initiated testing and continues VCT promotion especially targeting the couple testing and discordant couples. It is anticipated to promote counseling and testing services and generate demand for CT services for both voluntary and provider initiated testing through 3 mass media campaigns. They will reach over 6 million through mass media.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in Abstinence and Being Faithful (#7052), Other Prevention (#7051), Blood safety (#8804), and PMTCT (#7050). The Health Communications and Marketing project is a national level activity that will enforce messages through mass media and interpersonal communication developed in collaboration with MOH/NASCOP CT committee at the national level and projects working at the regional level. Both NASCOP and these provincial projects will "feed into" the development of population-specific messages which will strengthen interventions implemented on the ground.

5. POPULATIONS BEING TARGETED

CT messages will primarily focus on adults both male and female, public and private health providers and NGOs and faith-based programs. This activity will also work with the National AIDS Control Program staff and policy makers in the coordination of efforts in this program area.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Messages developed will address gender norms and behavior, stigma and discrimination.

7. EMPHASIS AREAS

HCM is primarily a communications activity focusing on the development of information, education and communication. However, they will also mobilize communities through interpersonal communication and make linkages with other sectors for message development. The proposed unallocated funding of \$350,000 is for the expansion of an existing activity in the 2007 COP. Funds will be used to carry out media and public education activities in CT. The specific areas to be supported include Media campaigns at various levels, production of educational materials for both health facilities and in the community and the development of a CT communication strategy for Kenya. In FY 07 this activity will focus on three main areas; the HIV testing week (RRI), PITC and, door-to-door CT.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7049

Related Activity: 14979, 14980, 14981, 14982, 14984, 14986

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20100	4930.20100. 09	U.S. Agency for International Development	Population Services International	8965	3588.09	APHIA II - Health Communication & Marketing	\$2,900,000
7049	4930.07	U.S. Agency for International Development	Population Services International	4289	3588.07	APHIA II - Health Communication & Marketing	\$1,850,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14979	4994.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$200,000
14980	5090.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$3,100,000
14981	8804.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$240,000
14982	5006.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$2,000,000
14986	12505.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$100,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True

General population Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women **Special populations** Most at risk populations Injecting drug users Most at risk populations Men who have sex with men Most at risk populations Street youth Most at risk populations **Incarcerated Populations** Most at risk populations **Military Populations** Most at risk populations Non-injecting Drug Users (includes alcohol use) Most at risk populations Persons in Prostitution Most at risk populations Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution Other **Discordant Couples**

Mechanism ID: 384.08

Prime Partner: Population Council

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 4204.08

Activity System ID: 14974

Mechanism: Frontiers in Reproductive Health

USG Agency: U.S. Agency for International Development

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$300,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in AB (#7022) and OP (#7025)

2. ACTIVITY DESCRIPTION

The Population Council Frontiers in Reproductive Health (FRH) Project will expand activities to integrate counseling and testing services into existing family planning (FP) service outlets. Integration of CT into FP offers an opportunity for increasing availability and access to CT services since FP clients will conveniently be offered opportunities for CT. The Population Council will support the integration of CT into 30 FP Clinics and train 80 FP providers with a target to provide CT to 8,000 clients. The Population Council will monitor cost effectiveness of this integration to guide decision regarding further scale up. The Population Council FRH project has extensive experience in the design, implementation and evaluation of integrated models of reproductive health globally, including several projects in Kenya. FRH seeks to improve people's lives by enhancing services in family planning, safe motherhood, and other reproductive health areas. The FRH program conducts operations research (OR) in collaboration with developing-country organizations to design innovative interventions for improving services. One of the main goals is to communicate these research results so they can be utilized for program and policy development. FRH also works to build the capacity of local organizations to conduct operations research and utilize best practices that emerge from the studies. The Population Council, Frontiers in Reproductive Health Program in collaboration with the National Department of Health (DOH) (Maternal Child and Women's Health Directorate) and the Provincial DOH is currently undertaking a similar program in South Africa and has received support through the South African Emergency Plan country operational plan (COP). The proposal to integrate CT into FP is based on feasibility assessment that was conducted by the Kenya government in partnership a number of partners including JHPIEGO, CDC and FHI. Provision of CT services in FP outlets will be guided by national standards for CT service delivery and quality assurance. The program has intense social mobilization to inform potential FP clients about availability and benefits of CT services at FP sites. This integration will be implemented in Nairobi province, an area with a relatively high FP utilization rate where the benefits or shortcomings of this integration will be easily monitored and evaluated. Activities will include support for staff to implement the project, IEC efforts to inform FP clients about CT, training of doctors, nurses, clinical officers and family planning providers, workers in CT, quality assurance to ensure that high standards are maintained, and evaluation of this pilot effort.

3. CONTRIBUTIONS TO OVERALL PROGAM AREA

This activity will contribute to the result of increased access to voluntary counseling and testing services. This activity also supports the National Strategy of the Ministry of Health to expand integrated HIV/FP services in Kenya. The target groups will be trained in counseling to inform clients about issues of HIV/AIDS and the need for knowing their status.

4. LINKS TO OTHER ACTIVITIES

The activity creates demand for VCT services and will link to the VCT services at the health facility. More information will be given to clients and the community during community meetings with the local administration so that more messages and activities are conveyed through this community channel. The activity will also be linked to other Frontiers-Population Council activities in AB (#7022) and OP (#7025).

5. POPULATIONS BEING TARGETED

General population will be targeted who will attend the facility for family planning services and also health facility staff, family planning clients and providers, doctors, clinical officers and nurses. These included men, women, adolescents and the community at large. Activities will be coordinated with National AIDS control program staff as well as with community based groups.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will work towards addressing the issue of stigma and discrimination faced by individuals with HIV/AIDS and their families.

7. EMPHASIS AREAS

Major emphasis will be training and minor emphasis will be information, education and communication materials which will be used as a part of community mobilization to raise awareness of knowing your HIV status.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7023

Related Activity: 14972, 14973

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20165	4204.20165. 09	U.S. Agency for International Development	Population Council	8981	384.09	APHIA II OR	\$400,000
7023	4204.07	U.S. Agency for International Development	Population Council	4274	384.07	Frontiers in Reproductive Health	\$200,000
4204	4204.06	U.S. Agency for International Development	Population Council	3241	384.06	Frontiers in Reproductive Health	\$220,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14973	6580.08	6991	384.08	Frontiers in Reproductive Health	Population Council	\$300,000

Emphasis Areas

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Wraparound Programs (Health-related)

* Family Planning

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Nairobi

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 448.08 Prime Partner: Population Council Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 8753.08

Activity System ID: 14977

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Counseling and Testing Program Area Code: 09 Planned Funds: \$50,000

The only changes to the program since approval in the 2007 COP: + the geographical coverage has been expanded to include Mobile VCT outreaches which will be provided from each of the VCT static sites.

1.LIST OF RELATED ACTIVITIES

This activity relates to activities in AB (#7026) and OP (#7027).

2.ACTIVITY DESCRIPTION

In FY 2008, Population Council's (PC) 'Friends of Youth' (FOY) Project working in partnership with the Family Health Options Kenya (FHOK) will provide counseling and testing services to 5,000 individuals and train 10 counselors to work in 10 sites. The Friends of Youth project initiated CT activities in the previous year and will therefore strengthen the CT activities in the areas where they have Emergency Plan supported AB and OP activities. These sites include Huruma in Nairobi, Nyeri, Nyahururu, Thika and Embu. The FOY project also works in close collaboration with existing VCT sites. In its OP activities, the FOY project works with a network of private health service providers to offer STI and reproductive health services to young people. These health providers will receive training in DTC so that they can integrate CT into the other health services, such as STI treatment. This activity will be closely linked with the AB and OP activities in the same region. The project was evaluated in a previous phase and it was found that this adult mentorship model was an effective strategy in transforming behavior among the youth. This activity is now being expanded in scope and geographic coverage within the limits of feasibility. The program will work with 100 youth organizations, and will use participatory approaches to involve youth and adults in risk-reduction education, including education and promotion of the need for counseling and testing. The FOY approach is organized along the Central Bureau of Statistics mapping and each youth organization covers a well defined catchment area to assure a comprehensive coverage. Building on this strategy, the FOY project will explore the feasibility of undertaking door to door testing, under the close guidance of trained counselors. Through the close interaction between FOY and young people, the project will therefore identify and target sexually active youth and other high-risk groups within their target locations and encourage them to learn their status. PC has done extensive work on effective youth interventions and this project will scale up a successful youth-adult behavior change model in selected urban areas in Kenya which now includes counseling and testing. It builds on tested interventions that are consistent with local cultures of adult-youth mentoring by enlisting the involvement of trusted adults and older youth in the community to act as friends of youth by promoting safer sexual behavior and changing community and social norms. Population Council will carefully study the results of this project so that lessons can be learned about this approach to youth HIV prevention.

3.CONTRIBUTION TO OVERALL PROGRAM AREA

The work of FOY will be comprehensive with an important emphasis on youth. Beyond providing VCT and DTC, they will also provide reproductive health and adult mentorship. Impartation of life skills will support HIV prevention efforts.

4. LINKS TO OTHER ACTIVITIES

The CT activities that will be implemented by FOY will be linked to other Emergency Plan supported HIV prevention activities of Population Council (Friends of Youth). These include AB (#7026) and OP (#7027). Community mobilization and IEC activities will be done jointly. The youth programs will be used to encourage clients to have an HIV test.

5.POPULATION BEING TARGETED

This activity will target out-of-school youth including street youth.

6. KEY LEGISLATIVE ISSSUES ADDRESED

This activity will mainly address gender equity in access to information and health care. It will also address stigma and discrimination through increased information and awareness.

7. EMPHASIS AREAS

This activity will have a major emphasis on community mobilization and a minor emphasis in production of IEC materials. FOY will work with adult mentors and youth leaders to enable the youth to access CT and reproductive health services. They will integrate OP and AB information with CT so as to provide a comprehensive package of services. Other minor emphasis areas are in training and human resources.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8753

Related Activity: 14975, 14976

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20168	8753.20168. 09	HHS/Centers for Disease Control & Prevention	Population Council	8982	448.09		\$250,000
8753	8753.07	HHS/Centers for Disease Control & Prevention	Population Council	4275	448.07		\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14975	4218.08	6992	448.08		Population Council	\$557,000
14976	6582.08	6992	448.08		Population Council	\$353,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	10	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	10	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	5,000	False

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Coverage Areas Central

Eastern

Nairobi

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4918.08 Prime Partner: Program for Appropriate Technology in Health Funding Source: GHCS (State) Budget Code: HVCT

Activity ID: 8777.08

Activity System ID: 14998

Mechanism: APHIA II - Western

USG Agency: U.S. Agency for International Development

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$1,100,000

The only changes to the program since approval in the 2007 COP are:

+ geographic coverage has been revised and expanded to include additional districts in the Western Province

+ target population will be expanded to include OVCs

+ APHIA II Western will expand counseling services within the province and include outreach services provided through existing and new VCT sites that are integrated within health facilities. The CT services will include door to door VCT and testing of family members of the infected individuals receiving care and treatment within the facility.

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in HIV/AIDS treatment services (#8826), Abstinence and Be Faithful Program (#8994), OVC (#9073), HBHC (#8931), HVTB care activities (#9068), OP (#8927), PMCT (#8738), and strategic information (#8855).

2. ACTIVITY DESCRIPTION

In 2008, through APHIA II Western, it is expected that 150,000 individuals will receive CT services in 50 sites and 300 providers trained. USG has previously supported HVCT activities in Western Kenya through USAID projects. In 2006 COP, USAID's APHIA II TBD activity was funded to build on activities approved in 2005 and implemented through World Vision. The activity aimed at increasing access to VCT services, particularly among underserved and hard-to-reach populations in a few districts in Western Kenya by forging partnership with community-based organizations (CBOs) and faith-based organizations (FBOs) to mobilize communities for VCT and make appropriate referrals to MOH-supported Specialist Centers (clinics). The facilities also offered diagnostic counseling and testing services, and treatment including ARVs. The second assistance was through the FY 2006 USAID'S ACCESS project implemented by JHPIEGO. The main aim of the activity was to continue to promote the availability and delivery of high quality counseling and testing services in public Ministry of Health (MOH) facilities. The MOH's National Guidelines for Counseling and Testing in clinical and medical settings were to be disseminated in selected districts of Western Province and orientation provided to about 100 health workers. Subsequently these health workers would give service orientation to 500 health workers using a cascade on-the-job (OTJ) approach. The activity would promote the availability of diagnostic counseling and testing (DCT) in Ministry of Health facilities and strengthen referrals and linkages to care, treatment, and prevention. The third previous support was through the 2006 APHIA II TBD activity that consisted of activities approved in 2005 and implemented through FHI/IMPACT. The 2006 APHIA II TBD activities was to provide counseling and testing services through existing static sites, expanded testing in clinical settings, and increased outreach services. Increasing access to antiretroviral therapy dictates that CT efforts quickly transform to accommodate active case finding through provider initiated testing (PIT) in clinical settings, in addition to the more passive client initiated testing (CIT). The activity was to ensure that existing integrated VCT sites are used to support these efforts in the interim but strengthened to support DTC efforts (e.g. supporting start up activities, providing testing for partners and other family members of index patients, providing ongoing counseling, providing bedside counseling, consolidating CT returns, and managing HIV test kit supplies etc) in the future. The detailed 2007 activity will be determined through discussions with the consortia that will be awarded the cooperative agreement. However, it is imperative that the 2007 COP activity will consolidate these past assistance, taking them forward in terms of improved programming through innovation, expansion and integration with other program areas. It is expected that 40,000 individuals will receive CT services in about 40 sites and about 100 providers trained.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the 2007 Emergency Plan result for increased availability of diagnostic counseling and testing through training of health workers. It will enable service providers to identify the large numbers of HIV infected patients who are potential candidates for ART. It therefore contributes to Kenya's 5 -year strategy emphases of encouraging Kenyans to learn their status and developing strong links between counseling and testing and HIV services for those who are HIV positive and in need of health care.

4. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES, MAINLY APHIA II TBD IN 2006 COP. This activity links with the APHIA II Western Counseling and Testing activities will relate to HIV/AIDS treatment services (#8826), Abstinence and Be Faithful Program (#8994), HKID (#9073), HBHC (#8931), HVTB care activities (#9068), OP(#8927), PMCT (#8738), and strategic information (#8855)

5. POPULATIONS BEING TARGETED

This APHIA II Western TBD activity will target the general population: adult men and women of reproductive age, and HIV/AIDS-affected families, underserved and hard-to-reach populations, particularly in rural communities. It will also target MOH staff including program managers in the NASCOP, public health care doctors and nurses, other health care workers including community health workers and non-governmental organization.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will help to reduce stigma associated with HIV status by increasing the availability of routine testing for diagnosis in medical settings. Gender is a key legislative issue addressed in this activity. This includes activities supporting counseling that challenges norms about masculinity, delayed sexual activity and reduced multiple sex partners for boys and men and transactional sex. The activity also include support for testing and support services for victims of sexual abuse and violence, training on couple counseling, risk assessment, stigma reduction, and supporting women to mitigate potential violence.

7. EMPHASIS AREAS

The major emphasis is on community mobilization and participation with minor emphases on development of network/linkages/referral systems, local organization capacity development, and quality assurance and supportive supervision. The minor emphasis is the development and implementation of referral systems, quality assurance and supportive supervision for CT counselors. Another minor emphasis is in the area of training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8777

Related Activity: 14992, 14993, 14994, 14995, 14996, 14999

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20076	8777.20076. 09	U.S. Agency for International Development	Program for Appropriate Technology in Health	8958	4918.09	APHIA II - Western	\$1,200,000
8777	8777.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	4918	4918.07	APHIA II - Western	\$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14992	8738.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$2,300,000
14993	8994.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$2,100,000
14994	8927.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$1,100,000
14995	8931.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$900,000
14996	9068.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$300,000
14999	8826.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$3,300,000

Emphasis Areas

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	50	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	300	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	150,000	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Discordant Couples

Coverage Areas

Western

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4917.08

Prime Partner: Pathfinder International

Funding Source: GHCS (State) Budget Code: HVCT

Activity ID: 8976.08

Activity System ID: 14964

Mechanism: APHIA II - Central USG Agency: U.S. Agency for International Development Program Area: Counseling and Testing Program Area Code: 09 Planned Funds: \$750,000

The only changes to the program since approval in the 2007 COP are:

+ geographic coverage has been revised and expanded to include additional districts in the Nairobi and Central Province

+ target population will be expanded to include OVCs

+ APHIA II Nairobi and Central will expand counseling and testing services within the province and include outreach services provided through existing and new VCT sites that are integrated within health facilities. The CT services will include door to door VCT and testing of family members of the infected individuals receiving care and treatment within the facility.

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in HIV/AIDS treatment services (#8765), abstinence and be faithful (#8731), TB/HIV care (#9072), OVC (#9056), HBHC (#8936), other prevention (#8874), PMCT (#8729) and strategic information (#8870)

2. ACTIVITY DESCRIPTION

In 2008, APHIA II Nairobi/Central will reach 200,000 individuals with counseling and testing services including PITC, VCT, and HBCT through 75 outlets and 500 providers trained. This activity relates to support to be provided to increase VCT coverage while taking account of the need to emphasize diagnostic testing and counseling (DTC) as well. New VCT sites may be needed, for example, in large companies where employees lack easy access. Mobile VCT will complement fixed sites. Youth friendly services will be emphasized. Where possible, VCT will be integrated with facility and community level treatment and social support services for individuals testing positive and with prevention activities for discordant couples and individuals testing negative. DTC will be scaled up in support of the National AIDS and STI Control Program. Year 1 will see expansion and strengthening of DTC in imperative site facilities, PMTCT and blood transfusion sites and in district hospitals and health centers with laboratory capacity. A subcontractor will train counselors from target facilities and work with GOK and NGO counterparts to ensure supervision. Individuals who test positive will be systematically referred to CCC and higher levels for comprehensive testing and linkages to community services. Pathfinder will liaise with NASCOP to ensure HIV test kit supply. It is anticipated that in FY 2007, 31,900 people in Nairobi will be tested in 40 sites while 9,100 will be tested in Central in 10 sites. In Nairobi in FY 2007, 86 people will be trained in counseling and testing while Central will have 54 people trained as counselors.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to COP 07 Counseling & Testing targets for Kenya. Integrating promotion of VCT into all community outreach for treatment and care will significantly contribute to PEPFAR goals for primary prevention.

4. LINKS TO OTHER ACTIVITIES

Support to counseling and testing will be a linchpin activity in APHIA II resulting in increased numbers of individuals accessing care, treatment and support and in strengthening prevention efforts. The APHIA II Nairobi and Central Provinces activities will relate to HIV/AIDS treatment services (#8765), abstinence and be faithful (#8731), TB/HIV care (#9072), OVC (#9056), HBHC (#8936), other prevention (#8874), PMCT (#8729), and strategic information (#8870)

5. POPULATIONS BEING TARGETED

This activity targets a wide range of population groups, including, for DTC, those receiving other clinical services, and for VCT, the general population, with emphasis on sexually active individuals, youth, and high risk groups such as bar workers, matatu and other transport workers. Health service providers will be targeted for training. All efforts are in coordination with the National AIDS control program staff. Community based and faith based groups will also be targeted in the community mobilization of CT services.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender, stigma and discrimination through post test clubs and legislation related to protection of human rights and confidentiality.

7. EMPHASIS AREAS

This activity includes major emphasis on capacity building of C&T providers and CHWs. The activity emphasizes VCT as a major prevention strategy. IPs, CORPS and other community level implementing partners are key to its success. Training is a major emphasis area and this activity will train 140 people to implement CT activities. Minor emphasis is also in community mobilization.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8976

Related Activity: 14957, 14958, 14959, 14960, 14962, 14965

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20178	8976.20178. 09	U.S. Agency for International Development	Pathfinder International	8983	4917.09	APHIA II - Central	\$900,000
8976	8976.07	U.S. Agency for International Development	Pathfinder International	4917	4917.07	APHIA II - Central / Nairobi	\$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14957	8729.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$425,000
14958	8731.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$1,150,000
14959	8874.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$600,000
14962	9072.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$250,000
14965	8765.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$1,950,000

Emphasis Areas

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	75	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	500	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	200,000	False

General population Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women **Special populations** Most at risk populations Men who have sex with men Most at risk populations Persons in Prostitution Other Orphans and vulnerable children **Discordant Couples**

Coverage Areas Central

Nairobi

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1501.08

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GAP

Budget Code: HVCT

Activity ID: 4788.08

Activity System ID: 15054

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Counseling and Testing Program Area Code: 09 Planned Funds: \$639,900

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED, BUT THIS YEAR'S CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHAI.

Other changes:

+ two additional personnel will be hired in FY 08. One will support counseling and testing in health facilities, while the other will support home-based counseling and testing. These two new CT approaches are expected to grow rapidly in FY 08 and this will need strong, regular technical support. Although these personnel will be based in CDC, they will be available for the entire US government team in Kenya.

1.LIST OF RELATED ACTIVITIES

This activity relates to all activities in the Counseling and Testing program area.

2.ACTIVITY DESCRIPTION

HIV Counseling and Testing (CT) has a central role in both prevention and treatment of HIV infection. With support from CDC and other partners, Kenya has achieved great success in implementing Voluntary Counseling and Testing since 2000. Recent scale up of ART services in the country, made possible largely through Presidential Emergency Fund, now means that CT clients found to be HIV+ can be readily referred for care and treatment services. But these emerging care opportunities are not fully utilized because majority of Kenyans (86%) don't know their HIV status and yet knowledge of status is the entry point to comprehensive HIV/AIDS care. Personal knowledge of HIV status is a priority intervention in the Kenya 5 Year Strategy, and increasing access to CT services continues to be a high priority for the Emergency Plan in Kenya. During FY 2008 CDC will continue to work with government of Kenya and non-governmental partners to promote CT in both clinical and non clinical settings including STI clinics, TB clinics, medical and pediatric wards, antenatal clinics as well as integrated, stand alone and mobile VCT sites. In FY 2008 there will be an effort to encourage the government and other partners to implement home based VCT, especially in high prevalence regions, as this will lead to the identification of many patients who would benefit from care and treatment. The CDC Kenya's multidisciplinary CT team will continue to provide technical guidance for these activities. This technical support involves consolidating and disseminating the most up-to-date technical information relating to CT, working with the government of Kenya to ensure that policies relating to CT are appropriate and technically sound and monitoring CT activities of local partners to ensure adherence to national and international standards. Technical activities of the CT team also involves collecting and analyzing performance information to track progress toward planned results; using performance information to inform program decision-making and resource allocation; and communicating results achieved. The CDC CT team has three technical staff and one program assistant working in CT on full-time basis in CDC's Nairobi office. The technical staff includes a medical officer with expertise in both VCT and CT in medical settings, a counselor who works directly with the counseling staff of implementing partners and a mobile VCT coordinator who works with local partners to deliver mobile VCT services. In addition to these, there is a new technical advisor position to provide technical guidance to VCT and CT partners in Nyanza province, the part of Kenya with the highest HIV prevalence and the principal geographic focus area for CDC Kenya. The program assistant is engaged in a variety of tasks to support the technical team, such as reviewing and assembling training curricula and other technical materials, organizing training programs, and other duties to support the technical work of the CT staff. This team will be supported by seven locally employed regular drivers whose work is devoted to supporting CT activities. Four drivers will drive mobile VCT trucks operated by CDC to address CT needs of remote Kenyan communities; these vehicles have been purchased with Emergency Plan funds in previous fiscal years. The other drivers will enable the technical staff to conduct regular field visits and technical supervision. The total proposed CT management budget for FY 2008 is US\$ 700,000.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7112

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19949	4788.19949. 09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8926	1501.09		\$577,679
7112	4788.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4303	1501.07		\$400,000
4788	4788.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3292	1501.06		\$402,100

Emphasis Areas

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training
- * Retention strategy

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Indirect Targets

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4919.08	Mechanism: APHIA II - North Eastern
Prime Partner: Pathfinder International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 8778.08	Planned Funds: \$400,000
Activity System ID: 14703	

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in ARV services (#9074), TB/HIV (#9066), palliative care basic health care (#8867), AB (#9074) and Other prevention (#8937).

2. ACTIVITY DESCRIPTION

In 2008, this activity will VCT services to 10,000 individuals through 10 sites including mobile services and will train 100 providers in VCT, PITC and HBCT. This activity relates to support to be provided to increase VCT coverage while taking account of the need to emphasize diagnostic testing and counseling (DTC) as well. New VCT sites may be needed, for example, in large companies where employees lack easy access. Mobile VCT will complement fixed sites. Youth friendly services will be emphasized. Where possible, VCT will be integrated with facility and community level treatment and social support services for individuals testing positive and with prevention activities for discordant couples and individuals testing negative. DTC will be scaled up in support of the National AIDS and STI Control Program. Year 1 will see expansion and strengthening of DTC in imperative site facilities, PMTCT and in district hospitals and health centers with laboratory capacity. Counselors from targeted facilities will be trained and they will work with GOK and NGO counterparts to ensure supervision. Individuals who test positive will be systematically referred to CCC and higher levels for comprehensive testing and linkages to community services. APHIA II NEP TBD will liaise with NASCOP to ensure HIV test kit supply. It is anticipated that in FY07, 5,000 people will be tested in 5 sites in the Northern Kenya. 30 people will be trained in counseling and testing.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the overall 2007 Emergency Plan Counseling & Testing targets for Kenya. Integrating promotion of VCT into all community outreach for treatment and care will significantly contribute to PEPFAR goals for primary prevention. This activity will result in 5,000 people tested and counseled.

4. LINKS TO OTHER ACTIVITIES

Support to counseling and testing will be a linchpin activity in APHIA II NEP TBD resulting in increased numbers of individuals accessing care, treatment and support and in strengthening prevention efforts. This activity will specifically be linked to ARV services (#8805), TB/HIV (#9066), palliative care basic health care (#8867), AB (#9074) and Other prevention (#8937).

5. POPULATIONS BEING TARGETED

This activity targets a wide range of population groups, including, for DTC, those receiving other clinical services, and for VCT, the general population, with emphasis on sexually active individuals, youth, and high risk groups such as sex workers, their partners, long distance transport workers and discordant couples. Health service providers will be targeted for training.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address the GOK VCT policy and guidelines and legislation related to protection of human rights and confidentiality. It will address gender issues and stigma and discrimination to ensure that women who are disproportionately affected by HIV are identified and linked with care and treatment programs. Couples in discordant relationships will also benefit from knowing their status so that they can make informed decisions in their sexual relationships.

7. EMPHASIS AREAS

This activity includes major emphasis on training to build capacity of Counseling &Testing providers and Community Health Workers. The activity emphasizes VCT as a major prevention strategy; implementing Partners, Community Own Resource Persons and other community level implementing partners are key to its success. Community mobilization and the development of network/linkages/referral systems are all minor emphasis areas in this activity.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8778

Related Activity: 15989, 14698, 14699, 14700, 14701, 14704

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20190	8778.20190. 09	U.S. Agency for International Development	Pathfinder International	8984	4919.09	APHIA II - North Eastern	\$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15989	15989.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$550,000
14698	9074.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$1,000,000
14699	8937.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$450,000
14700	8867.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$500,000
14701	9066.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$150,000
14704	8805.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$600,000

Emphasis Areas

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * ТВ

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	10	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	100	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	10,000	False

Indirect Targets

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Discordant Couples

Coverage Areas

North Eastern

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 441.08 Prime Partner: Academy for Educational Development Funding Source: GHCS (State) Budget Code: HVCT Activity ID: 4847.08 Activity System ID: 14719 Mechanism: Capable Partners USG Agency: U.S. Agency for International Development Program Area: Counseling and Testing Program Area Code: 09

Planned Funds: \$500,000

The only changes to the program since approval in the 2007 COP are:

+ geographic coverage has been revised and expanded to include regions where the Capable Partners program is implementing OVC programs

+ the target population has been revised and expanded to include OVCs. The numbers of people counseled and tested will include OVCs and disabled populations.

1. LIST OF RELATED ACTIVITIES

This activity relates to AED/Capable Partners activities in AB (#6832), OP (#6830), and OVC (#6831).

2. ACTIVITY DESCRIPTION

In 2008, this activity will provide counseling and testing services to 12,000 individuals through 6 outlets and train 25 providers. Handicap International began operations in Kenya in 1992 and currently has 4 location offices: Nairobi (Country office), Garissa, Kitale and Kakuma. The organization has developed two integrated HIV/AIDS projects. In Kitale, Trans Nzoia district, the project includes prevention in the communities, churches and schools, Voluntary Counseling and Testing (VCT), reinforcement of the care network through government and faith-based partners, and support of people living with the virus and their families using home based care, support groups and micro-credit. The Capable Partners program is currently funding the youth-friendly VCT and Reproductive Health center called Chanuka, which means 'get smart'. Chanuka serves as a model VCT for reaching youth at risk and initiating behavior change. In FY 2007 the program will continue to use behavior change communication as a key strategy to sensitize the youth on the dangers of HIV/AIDS and promote positive behavior in the context of HIV. The project aims to increase the level of intervention by targeting both the youth in-school and the youth out-of-school. Mobilization exercises will target the churches, schools, and tertiary institutions and youth groups and train additional youth groups in each of the eight administrative divisions in Kitale district. The project will continue encouraging the youth and other community members to go for HIV testing at the existing VCT sites in the district. In order to reach communities and especially the youth in the remote areas of the district who are unable to access fixed VCT centers, Handicap International will continue to provide a mobile VCT service in Kitale district as well as West Pokot. A full mobile team comprising of trained VCT counselors will be deployed for this purpose. To ensure quality, counselors will continue attending monthly supervision meetings organized by the District AIDS and STI Coordination Office (DASCO) and according to the requirements of NASCOP. Staff members will continue to attend external Quality Assurance workshops in Nairobi as facilitated by Liverpool VCT and Care. In addition, 16 young people will be trained as VCT counselors. The Chanuka Youth Centre will continue providing quality VCT service to youths with special emphasis on the female youths. In FY 2006 Chanuka moved to new premises and in FY 2007 at least 270 youth will receive counseling and testing. Through another AED CAP Kenya project Chanuka will make services accessible to youth with disability by bringing in specialists to provide appropriate counselors for different disabled groups. Post-Test Clubs and Peer Educators Clubs will be established in West Pokot. Chanuka will continue to produce and disseminate youth focused IEC materials for the out-of-school population and an interactive magazine for the school-based populations. The activity will reach 6,000 individuals for counseling and testing (2500 Chanuka, 3500 mobile VCT), will train 16 individuals in CT, and will fund CT services in one static site and five mobile sites.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will contribute to the FY 2007 targets of number of individuals counseled and tested and trained. Handicap International will contribute to the overall program area with six service outlets that provide counseling and testing, 6,000 individuals will receive counseling and testing and 16 individuals will be trained to provide VCT.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to: AED-Capable Partners AB activity (#6837); AED-Capable Partners OP activity (#6830); and AED-Capable Partners OVC activity (#6831). This activity will also be linked to treatment, care and support activities in the regions of operation.

5. POPULATIONS BEING TARGETED

The main target population is Special Populations including 1) persons with different types of disabilities (deaf, blind, mentally and the physically disabled) and 2) out-of-school youth. In the general population parents and guardians will also be involved especially for the mentally challenged to support in providing information and helping them access HIV services. Training will include public health workers in Sign Language for VCT. Groups/Organizations include CBOs and NGOs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The project will address issues of stigma reduction and discrimination, as it has been the major factor hindering access to HIV services by PWDs. It will work to promote the rights of disabled people for equal access to HIV/AIDS related prevention and intervention measures and to influence the Government policies to be inclusive of needs of PWDs. Gender equity is also key in this project, as within the disability fraternity issues of women with disabilities have not been well articulated and would therefore be put into consideration in all activities. The Chanuka Youth Centre will continue providing quality VCT service to youths with special emphasis on the female youths.

7. AREAS OF EMPHASIS A major area of emphasis is Training, including youth reproductive health and sexuality training and the training of youth VCT counselors and training religious leaders as agents of change in HIV/AIDS context. Three youth groups will also be trained in each of the eight administrative divisions in Kitale district. Miinor area of emphasis will be in community mobilization/participation and the development of network/linkages/referral systems.

Continuing Activity: 6829

Related Activity: 14714, 14715, 14718

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20342	4847.20342. 09	U.S. Agency for International Development	Academy for Educational Development	9037	441.09	Capable Partners	\$500,000
6829	4847.07	U.S. Agency for International Development	Academy for Educational Development	4198	441.07	Capable Partners	\$200,000
4847	4847.06	U.S. Agency for International Development	Academy for Educational Development	3247	441.06	Capable Partners	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14714	5091.08	6920	441.08	Capable Partners	Academy for Educational Development	\$800,000
14715	4940.08	6920	441.08	Capable Partners	Academy for Educational Development	\$1,820,000
14718	4947.08	6920	441.08	Capable Partners	Academy for Educational Development	\$4,300,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	6	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	25	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	12,000	False

Target	Popul	lations
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General population		
Children (5-9)		
Boys		
Children (5-9)		
Girls		
Ages 10-14		
Boys		
Ages 10-14		
Girls		
Ages 15-24		
Men		
Ages 15-24		
Women		
Adults (25 and over)		
Men		
Adults (25 and over)		
Women		
Other		
Orphans and vulnerable children		
Coverage Areas		

	Mechanism ID: 3543.08	Mechanism: Lea					
Т	Table 3.3.09: Activities by Funding Mechansim						
	North Eastern						
	Nairobi						
	Western						
	Rift Valley						

Prime Partner: Children of God Relief Institute

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 4848.08

Activity System ID: 14752

Mechanism: Lea Toto USG Agency: U.S. Agency for International Development Program Area: Counseling and Testing Program Area Code: 09

Planned Funds: \$200,000

1. LIST OF RELATED ACTIVITIES

The COGRI/Lea Toto counseling and testing activities will relate to COGRI/Lea Toto HIV/AIDS treatment services (#6862),COGRI-Lea Toto orphans and vulnerable children (#6861), COGRI Lea Toto palliative care: HBCS (#6863).

2. ACTIVITY DESCRIPTION

In 2008 Children of God Relief Institute/Lea Toto Project will provide counseling and testing services to 10,000 children and at least 5,000 adults in 5 existing Voluntary Counseling and Testing centers situated within the project sites in the selected slums of Nairobi. In addition, 20 VCT counselors will be trained. The activity will also improve the organizational capacity of the Lea Toto program to deliver high quality care and counseling services for HIV+ children and their families. Referrals for VCT services which are mainly through CHWs, caregivers, community leaders and other institutions within the Program area will be strengthened. Program Counselors and Community Based Counselors (CBCs) will carry out continuous dissemination of prevention information both during Voluntary Counseling and Testing and in any other counseling and / or group therapy session organized by the project. These group therapy sessions include life skills training, disclosure meetings, support group meetings and follow up counseling sessions. The project was started in September 1999, and the first phase was implemented for 2 years in Kangemi.The goal of the Lea Toto Project is to mitigate the impact of HIV/AIDS and decrease the risk of HIV transmission through the provision of a comprehensive HIV/AIDS services.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the Kenya 5-year strategy and increase the number of people counseled and tested for HIV/AIDS by training 15 VCT counselors and testing 10,000 children and 5,000 adults.

4. LINKS TO OTHER ACTIVITIES

The COGRI/Lea Toto counseling and testing activities will relate to related COGRI Lea Toto activities in HIV/AIDS treatment services (#6862), orphans and vulnerable children (#6861), HBHC (#6863). This activity is also linked to other USG CT program on CT promotion and procurement of test kits.

5. POPULATIONS BEING TARGETED

Targeted population include the General population (men and women), Families affected by HIV/AIDS including HIV positive infants and children, care givers, community health workers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will work to reduce stigma and address discrimination faced by individuals infected or affected by HIV/AIDS. This activity will address issues on disclosure of ones status to partner and family members.

7. EMPHASIS AREAS

Training of VCT counselors to enhance their ability to provide quality HIV/AIDS services that are responsive to the clients' needs is the major emphasis area while community mobilization and participation are the minor emphasis areas.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6860

Related Activity: 14749, 14751, 14753

Continuned Associated Activity Information

Activity System I		USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20379	4848.20379. 09	U.S. Agency for International Development	Children of God Relief Institute	9054	3543.09	Lea Toto	\$300,000
6860	4848.07	U.S. Agency for International Development	Children of God Relief Institute	4216	3543.07	Lea Toto	\$100,000
4848	4848.06	U.S. Agency for International Development	Children of God Relief Institute	3543	3543.06	Lea Toto	\$40,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14749	5105.08	6936	3543.08	Lea Toto	Children of God Relief Institute	\$150,000
14751	4918.08	6936	3543.08	Lea Toto	Children of God Relief Institute	\$600,000
14753	5092.08	6936	3543.08	Lea Toto	Children of God Relief Institute	\$1,000,000

Emphasis Areas

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	5	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	20	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	15,000	False

Indirect Targets

Target Populations

Children (under 5) Boys Children (under 5) Girls Children (5-9) Boys Children (5-9) Girls Ages 10-14 Boys Ages 10-14
Children (under 5) Girls Children (5-9) Boys Children (5-9) Girls Ages 10-14 Boys
Girls Children (5-9) Boys Children (5-9) Girls Ages 10-14 Boys
Children (5-9) Boys Children (5-9) Girls Ages 10-14 Boys
Boys Children (5-9) Girls Ages 10-14 Boys
Children (5-9) Girls Ages 10-14 Boys
Girls Ages 10-14 Boys
Ages 10-14 Boys
Boys
Ages 10-14
Girls
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Orphans and vulnerable children

Coverage Areas

Nairobi

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 348.08 Prime Partner: Community Housing Foundation Funding Source: GHCS (State) Budget Code: HVCT Activity ID: 4170.08 Activity System ID: 14767 Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Counseling and Testing Program Area Code: 09 Planned Funds: \$1,800,000

Other changes:

+ the Cooperative Agreement between CDC and Community Housing Foundation ends at the end of FY 07. In FY 08 this will be advertised again and re-competed. However, in order to ensure continuity, a one year extension for CHF has been requested by CDC Kenya and granted. For the remaining duration CHF will not start new activities. It will maintain the activities and sub-partners that it has had in FY 07. It is anticipated that the new partner will be on board in FY 08. As such some of partners that have traditionally been supported through CHF will henceforth be supported through this new mechanism. Notably, the Uniformed Services Project which hitherto was funded through CHF will be moved to the new organization. This included support to the Kenya Prison service, the Kenya Police, the Administration Police, the National Youth Service.

1.LIST OF RELATED ACTIVITIES

This activity is related to Cooperative Housing Foundation activities in AB (#6876), OP (#6872), ARV treatment (#6869), OVC (#6874), and TB/HIV (#6871).

2.ACTIVITY DESCRIPTION

Through the President's Emergency Fund, Community Housing Foundation (CHF) already supports 37 local partners implementing a wide range of HIV prevention and care activities mainly in remote and hard to reach parts of Kenya. In FY 2006, through reprogramming, CHF included in their domain a component of the uniformed services project (USP), which was previously supported through the KEMRI cooperative agreement. In FY 2008 CHF will consolidate the expansion of CT activities. This will result in an increase of CT outlets supported by CHF to 70 through which 200,000 individuals will receive CT services. Apart from providing the standard individual VCT services, CHF sub-partners will promote Mobile and Home Based CT, Provider-Initiated HIV testing and counseling (PITC), couple counseling and testing, and ensure that discordant couples are provided with support and care. CHF will train an additional 200 counselors to provide CT in both medical and non-medical setting during the plan period. CHF was awarded a cooperative agreement with CDC in late FY 2004 to work with local Non-Governmental Organizations (NGOs), Community Based Organizations (CBOs) and Faith Based Organizations (FBOs) in Kenya, building their capacities in implementing CT activities for prevention and care. The network model approach in programming and financing adopted by CHF has greatly enhanced linkages among the complementary activities implemented by these sub-partners, especially between CT and care services supported through the President's Emergency Fund. In order to further expand availability of CT services, CHF will consider supporting up-coming NGOs which have unique and innovative programs or those who work in hard-toreach areas. The targeted partners will collectively cover a wide geographical area and provide confidential CT services in varying settings that will meet the unique needs of many segments of the population. CHF has over 50 years of experience in building the capacity of local and indigenous organizations in numerous countries, and in providing sub-grants to local organizations. Under the terms of the current cooperative agreement with CDC, CHF has done well in responding to the national aspiration of increasing access to quality HIV prevention and care services in Kenya. Besides building the capacity of the local sub-partners in CT program implementation, CHF will continue to provide sub-grants and to build their overall management capacity. Training in proposal writing, which will enable sub-grantees to compete independently for USG and donor funds, will be emphasized. CHF will promote compliance with prescribed national standards for CT service delivery and continuous quality improvement at all sites through a program of support supervision conducted jointly with the Ministry of Health.

3.CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through partnership with local sub-partners supported with FY 2007 funds CHF will provide CT to 120,000 Kenyans. Majority of those testing positive will be linked to care services within and beyond the network of HIV/AIDS services initiated by CHF through President's Emergency fund. CHF's effort in CT is expected to contribute approximately 8% of the total USG target for Kenya in FY 2007. A number of CHF sub-partners will provide CT through multiple approaches including fixed and Mobile VCT, CT in medical settings and CT within home Based Care Programs, thereby improving equity in access to HIV prevention and care services since many rural communities that are currently underserved will have better access. Overall, CHF's activities will contribute to the result of increased access to CT among underserved and high risk populations and enhanced capacity to implement HIV/AIDS interventions by local sub-partners.

4.LINKS TO OTHER ACTIVITIES

The CHF supported CT activities will focus on enhancing links to other Emergency Plan funded care and treatment activities intended to better serve geographical areas where linkage to care for those testing HIV positive are still weak. CHF CT activity is closely linked to CHF activities in AB (#6876), condoms and other prevention (#6872), ARV treatment/services (#6869), TB/HIV (#6871) and Orphans and Vulnerable Children (#6874).

5.POPULATIONS BEING TARGETED

This activity targets predominantly rural populations falling largely within remote parts of Kenya. In these areas the entire population will be reached including adults and youth. For this to be achieved the partners will have to work closely with community leaders. Innovative programs for promoting CT amongst commercial sex workers and the youth are an integral part of the planned activities. New sites will include facilities operated by Community or Faith-Based Organizations and non-profit organizations serving nomads and other hard to reach population groups. 6. KEY LEGISLATIVE ISSUES ADDRESSED This activity will increase gender equity in access to HIV/AIDS services, particularly for the nomadic communities in northern Kenya.

6. EMPHASIS AREAS

This activity includes major emphasis on local capacity building, human resource development and minor emphasis on improvement of infrastructure for CT service provision. CHF will focus mainly on building the capacity of local organizations to implement high quality HIV/AIDS interventions responsive to the needs of target communities. The training component of the planned activities will result into increased human resource capacity to provide both diagnostic and voluntary counseling and testing at grassroots level. In settings where infrastructure for CT service provision is underdeveloped or lacking, resources will be committed for minor alterations, improvements and furnishings to create decent CT service outlets.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6875

Related Activity: 14761, 14763, 14765, 14766, 14768

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6875	4170.07	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	4221	348.07		\$1,950,000
4170	4170.06	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	3233	348.06		\$1,825,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14761	4171.08	6941	348.08		Community Housing Foundation	\$2,483,500
14763	4167.08	6941	348.08		Community Housing Foundation	\$871,500
14765	4166.08	6941	348.08		Community Housing Foundation	\$300,000
14766	4169.08	6941	348.08		Community Housing Foundation	\$500,000
14768	4164.08	6941	348.08		Community Housing Foundation	\$1,300,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	70	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	200	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	200,000	False

Target Populations

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
Orphans and vulnerable children	
Discordant Couples	
People Living with HIV / AIDS	
Coverage Areas	
Eastern	

Nairobi

Nyanza

Rift Valley

Western

by Funding Mechans	sim		
Mechanism ID:	4915.08	Mechanism:	APHIA II - Nyanza
Prime Partner:	Engender Health	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)	Program Area:	Counseling and Testing
Budget Code:	HVCT	Program Area Code:	09
Activity ID:	12482.08	Planned Funds:	\$800,000
Activity System ID:	14783		
Activity Narrative:	THIS IS AN ONGOING ACTIVITY. THE NARF REFERENCES TO TARGETS AND BUDGET		EXCEPT FOR UPDATED
	The only changes to the program since appro- + this activity will expand the VCT services wit door to door counseling and testing services + APHIA II Nyanza will also provide VCT to me behavior change communication activities, tar	hin health facilities to prov en interested in circumcisi	on. This will be supported by
	1.LIST OF RELATED ACTIVITIES This activity relates to activities in abstinence/ palliative Care: TB/HIV (#9059) and ARV serv		ns and other prevention (#8942),
	2.ACTIVITY DESCRIPTION In 2008, this activity will provide CT services a providers in PITC, VCT and HBCT. The USAII initiated support to counseling and testing sen will continue to expand the geographical cover families. In A total of 25 new CT sites will be e in VCT and DCT will be provided for 80 couns individuals will be counseled and tested and re Increasing access to antiretroviral therapy dict case finding through provider initiated testing, initiated testing, CIT. Existing integrated VCT will be strengthened to support DTC efforts e.g and other family members of index patients, a will require support for logistics, creation and re supervision, ongoing monitoring, and mainstre a large population of young people aged 24 ar services, counselors at general VCT sites will youth centers and tertiary institutions, will also counseling; gender based violence prevention diagnosis and treatment; and referral to addict up these efforts at existing general VCT sites. supervision, sessional staff, supplies, data col CBOs, FBOs, churches and mosques will end discordant couples support groups.	D APHIA II Nyanza project vices in Nyanza Province i rage of this service to incre- stablished in public and fa elors and health care work eferred to care, treatment ates that CT efforts quickle PIT, in clinical settings, in sites are particularly well p g. supporting start up active nd providing ongoing count enovation of space especi- am CT reporting. Existing nd younger. In addition to a be trained to work with you reach young people. Expo ters including alcohol and and counseling, pregnand tion treatment services, health lection and other logistics.	implemented by EngenderHealth n FY 2006. In FY 2007 this activity ease access for couples and ith based health facilities. Training ters respectively. As a result 15,000 and other services as required. y transform to accommodate active addition to the more passive client laced to support these efforts; they ities, providing testing for partners seling. Testing in clinical settings ally at inpatient facilities, supportive supported VCT sites already serve existing dedicated youth VCT ung people. Targeted outreaches to eriences with comprehensive substance abuse prevention cy prevention/FP; STI prevention, Il be documented and used to scale action days, will require effective BCC strategies supported by
	3.CONTRIBUTIONS TO OVERALL PROGRA This APHIA II Nyanza project will contribute to access to counseling and testing clinical servi province prioritizing youth, couples and familie	o the Kenya 5-Year Strates ces. It will provide this serv	
	4.LINKS TO OTHER ACTIVITIES This activity relates to activities in Abstinence (#8942) to promote health behaviors and redu status. It also relates to Palliative Care: TB/HI between prevention, care and treatment settin	ice stigma by encouraging V (#9059) and ARV service	individuals to know their HIV

5. POPULATIONS BEING TARGETED

This activity targets youth and adults living in rural communities. It targets discordant couples and people living with HIV/AIDS through clinical and community interventions. Training activities target public and private based health care workers and other health workers. Community outreach activities will target community based organizations, faith based organizations, community leaders and religious leaders. At-risk populations will also be targeted with these services like commercial sex workers, discordant couples, injecting drug users, street youth, truck drivers, migrant workers, out-of-school youth and partners/clients of CSWs.

6.KEY LEGISLATIVE ISSUES ADDRESSED

The activity will address stigma and discrimination by encouraging people to know their status. The behavior change communication activities for HIV prevention will promote gender equity through partnering with women's organizations in the design and implementation of community activities.

7. EMPHASIS AREAS

This APHIA II Nyanza activity has a major emphasis on training and minor emphasis in quality assurance, quality improvement and supportive supervision and development of network/linkages/referral systems. It has a minor on emphasis community mobilization/participation as well.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12482

Related Activity: 14777, 14778, 14779, 14782, 14785

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20437	12482.2043 7.09	U.S. Agency for International Development	Engender Health	9063	4915.09	APHIA II - Nyanza	\$900,000
12482	12482.07	U.S. Agency for International Development	Engender Health	4915	4915.07	APHIA II - Nyanza	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14777	8734.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$650,000
14778	8989.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$1,800,000
14779	8942.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$1,500,000
14782	9071.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$6,150,000
14785	8774.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$3,050,000

Emphasis Areas

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Male circumcision

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	35	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	100	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	50,000	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

Coverage Areas

Nyanza

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 282.08

Prime Partner: Eastern Deanery AIDS Relief Program Funding Source: GHCS (State) Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity System ID: 14775

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

+ in FY08 EDARP will expand the CT program to include Home Based CT activities in the slums. This strategy will work through the community health strategy which EDARP has developed over the years. Mobilization, recruitment and follow up will be carried out by community health volunteers, whereas CT will be provided by trained VCT counselors. Those who will be found to be HIV positive will be enrolled in the PEPFAR supported care and treatment program. EDARP will therefore train more CT providers and community volunteers.

1.LIST OF RELATED ACTIVITIES

This activity relates to activities with Eastern Deanery AIDS Relief Program in other HIV/AIDS activities of ARV treatment (#6880), PMTCT (#8654) and TB-HIV (#6879)

2. ACTIVITY DESCRIPTION

The Eastern Deanery AIDS Relief Program (EDARP) is a faith-based organization (FBO) under the Roman Catholic Archdiocese of Nairobi established in 1993 in response to the HIV/AIDS pandemic. It works primarily among the very poor people dwelling in slum areas in the eastern part of Nairobi. In terms of HIV counseling and testing (CT), EDARP has in the past provided mainly the client initiated CT in static sites and in community outreach programs. In FY 2005, it began to expand this mandate by commencing the provider-initiated CT, starting with TB patients and later with TB suspects. In FY 2006 and FY 2007, this was further enhanced through the provision of pediatric HIV testing and family support. Because of their broad type training, counselors in EDARP are highly qualified and able to provide different types of CT services. The training they receive includes VCT, Provider Initiated Test and Counseling (PITC), couples counseling and CT in children. In FY 2008 EDARP will continue providing all types of CT services in all the previous sites, as well as in the outreach program. To facilitate the provision of all the CT services in FY 2008, EDARP will train 200 health workers and counselors on both VCT and PITC. This will lead to over 60,000 people being counseled and tested in at least 20 CT outlets. Because EDARP already has a vibrant comprehensive care and treatment program, with the support of the Emergency Plan, those who will be found to be eligible will receive appropriate care within the same facility, which should minimize loss to follow up. CT services and prevention information will also be provided for family members of patients on treatment. As part of the CT program, EDARP will also carry out community mobilization and education activities in the same area, for the purpose of increasing uptake of CT and other HIV/AIDS services and also in order to reduce the social stigma.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

The services provided by EDARP will contribute less than 5% of the USG supported CT services in Kenya in FY 2008. However, EDARP will be working in a unique environment with very innovative CT programs. They have in the past and will in FY 2008 continue to consolidate provider initiated CT as well as the unique VCT programs. They will also provide CT for children, which is an underdeveloped program area in Kenya.

4. LINKS TO OTHER ACTIVITIES

This activity will be linked to the other PEPFAR supported EDARP activities, such as ARV treatment (#6880), PMTCT (#8654), STI, and TB-HIV (#6879) activities. Diagnostic HIV testing, which is part of the provider initiated CT will be made available largely in TB and STI clinics. Those who will be found to be eligible will be referred to ARV services.

5. POPULATION BEING TARGETTED

EDARP works in a highly populated slum area of Nairobi. In this area EDARP serves the entire population, including all adults and children. Most of the people who live in these slums are of very low socio-economic status. CT services will be provided to patients in the health institutions as well as to the general community in the outreach program. The program will follow a family approach to CT service provision, both for adults and children, be it in health settings or in the community.

6. KEY LEGISLATIVE ISSUES

This activity will particularly address the gender disparities, as well as help reduce stigma and discrimination in HIV/AIDS.

7. EMPHASIS AREA

Major emphasis will be placed on human resource development for quality service provision. They will also undertake community mobilization and development of networks and referral systems. Another minor emphasis will be in the area of information, education and communication in an effort to reduce stigma around testing in the community and on improvement of infrastructure for CT service provision. EDARP will focus mainly on building the capacity of local organizations to implement high quality HIV/AIDS interventions responsive to the needs of target communities. The training component of the planned activities will result into increased human resource capacity to provide both diagnostic and voluntary counseling and testing at grassroots level. In settings where infrastructure for CT service provision is underdeveloped or lacking, resources will be committed for minor alterations, improvements and furnishings to create decent CT service outlets.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6881

Related Activity: 14771, 14773, 14776

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20425	6437.20425. 09	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	9062	282.09		\$800,000
6881	6437.07	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	4222	282.07		\$400,000
6437	6437.06	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	3215	282.06		\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14771	8654.08	6943	282.08		Eastern Deanery AIDS Relief Program	\$110,000
14773	4129.08	6943	282.08		Eastern Deanery AIDS Relief Program	\$780,000
14776	4130.08	6943	282.08		Eastern Deanery AIDS Relief Program	\$4,300,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- Human Capacity Development
- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	20	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	200	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	60,000	False

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Discordant Couples
People Living with HIV / AIDS

Coverage Areas

Nairobi

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4916.08 Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVCT

Mechanism: APHIA II - Rift Valley

USG Agency: U.S. Agency for International Development

Program Area: Counseling and Testing

Program Area Code: 09

Activity ID: 8776.08

Activity System ID: 14803

Planned Funds: \$1,200,000

The only changes to the program since approval in the 2007 COP are:

+ geographic coverage has been revised and expanded to include additional districts in the Rift Valley Province

+ target population will be expanded to include OVCs

+ APHIA II Rift Valley will expand counseling services within the province and include outreach services provided through existing and new VCT sites that are integrated within health facilities. The CT services will include door to door VCT and testing of family members of the infected individuals receiving care and treatment within the facility.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HIV/AIDS treatment services (#8797), abstinence and be faithful (#9070), OVC (#9029), HBHC (#8929), TB/HIV care activities (#9065), other prevention (#9040), PMCT (#8733) and strategic information (#8857).

2. ACTIVITY DESCRIPTION

In 2008, this activity will reach 200,000 individuals with CT services provided through 70 sites and will train 400 providers in VCT, PITC, and Home based testing. This activity will provide counseling and testing services to 100,000 people through the broadened entry points which include the clinical care settings through the provider initiated testing (PIT) and the traditional VCT sites, both integrated and free standing. GOK, through the MOH already approved HIV testing protocol of serial testing of whole blood and simple rapid HIV tests. Previous efforts concentrated on diagnostic testing mainly of patients who had signs and symptoms of HIV disease and clinical indications of AIDS. This will be strengthened further through routine testing of TB suspects and cases, pregnant women and STI patients. Also previous efforts concentrated on integrating HIV testing in level III and IV health care facilities. This will be scaled up to the lower level health facilities especially in Districts where CC-ART sites have been decentralized. Recognizing the important role that dispensaries play in the provision of health services in the Rift Valley Province, outreach services will be provided from selected static sites to high volume dispensaries. Home-based / family CT will also be initiated in Nakuru, Naivasha and Molo Districts starting with the families of index patients who are enrolled in home based care programs. This will require the recruitment and training or orientation of support or session staff and community counselors who will work closely with mobile/outreach teams. Through partnership with Family Health options, the IMPACT project had established VCT services for young people. This will be scaled up through community mobilization and outreach services for young people in the region together with NOPE and other local youth service organizations. Building on NOPE's work with workplace HIV/AIDS programs, CT will be integrated in workplace programs in Naivasha and other workplaces and actively link those that are infected to care and treatment either through the public program or the Gold Star Network. The broadening of entry points to counseling and testing will require that at least 200 service providers are trained in Routine and diagnostic counseling and testing especially at lower levels of health care provision. The training will encompass aspects of care and treatment and the need for systematic referral. Training in couple counseling and youth and adolescent counseling for all existing counselors will also be conducted. Through the collaboration with (CLUSA) and using the FHI model for SBC, community mobilization campaigns for couple counseling and testing will be conducted Sub agreements in this program will be awarded to National organization for Peer Educators (NOPE), CLUSA and the Ministry of Health. Amounts and other sub agreements TBD.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This APHIA II Rift Valley project will contribute to the Kenya 5-Year Strategy which focuses on HIV prevention. Targets in this project will contribute to numbers counseled and tested for HIV/AIDS. The proposed program contributes to COP 2007 targets, and is consistent with the PEPFAR 5-Year Strategy, in the following manner: Increased access to counseling and testing clinical services, and increased availability of counseling and testing clinical services.

4. LINKS TO OTHER ACTIVITIES

The APHIA II Rift Valley Counseling and Testing activities will relate to HIV/AIDS treatment services (#8797), Abstinence and Be Faithful Program Abstinence and Be Faithful Program (#9070), OVC (#9029), HBHC (#8929), TB/HIV care activities (#9065), OP (#9040)), PMCT (#8733) and strategic information (#8857). This activity will ensure referral for services for those that test positive especially to prevention services and post test clubs and to care services such as TB, and treatment while others will be referred to post test clubs.

5. POPULATIONS BEING TARGETED

This activity will target the general population including adults (Men,Women, FP clients,Youth), People affected by HIV/AIDS (Children born of HIV infected mothers, Spouses of HIV infected persons, Family members of an HIV infected person), Community members including Faith based organizations, Non-governmental organizations, and Community based organizations. Health providers both in the private and public sector providers will be targeted. This activity will also target most at risk populations like commercial sex workers, discordant cuoples, street youth, truck drivers, migrant workers, out-of-school youth and partners of CSWs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Gender is a key legislative issue addressed in this activity. This includes activities supporting counseling that challenges norms about masculinity, delayed sexual activity and reduced multiple sex partners for boys and men and transactional sex. The activity also include support for testing and support services for victims of sexual abuse and violence, training on couple counseling, risk assessment, stigma reduction, and supporting women to mitigate potential violence.

7. EMPHASIS AREAS

This activity has a major emphasis in the development and implementation of referral systems and minor emphasis in quality assurance and supportive supervision for CT counselors. This activity will also support the training of additional counselors especially targeting testing for youth and in clinical setting. The activity will also work with local organizations and MOH in Rify Valley province to strengthen their capacity to implement programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8776

Related Activity: 14797, 14798, 14799, 14800, 14801, 14804

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20459	8776.20459. 09	U.S. Agency for International Development	Family Health International	9066	4916.09	APHIA II - Rift Valley	\$1,400,000
8776	8776.07	U.S. Agency for International Development	Family Health International	4916	4916.07	APHIA II - Rift Valley	\$650,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14797	8733.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$3,000,000
14798	9070.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$2,100,000
14799	9040.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$1,700,000
14800	8929.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$900,000
14801	9065.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$450,000
14804	8797.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$2,300,000

Emphasis Areas

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	70	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	400	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	200,000	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Discordant Couples

Coverage Areas

Rift Valley

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4913.08

Prime Partner: Family Health International

Funding Source: GHCS (State) Budget Code: HVCT

Activity ID: 8781.08

Activity System ID: 14812

Mechanism: APHIA II - Coast USG Agency: U.S. Agency for International Development Program Area: Counseling and Testing Program Area Code: 09 Planned Funds: \$2,000,000

The only changes to the program since approval in the 2007 COP are:

+ geographic coverage has been revised and expanded to include additional districts in the Coast Province
 + target population will be expanded to include OVCs

+ APHIA II Coast will expand counseling services within the province and include outreach services provided through existing and new VCT sites that are integrated within health facilities. The CT services will include door to door VCT and testing of family members of the infected individuals receiving care and treatment within the facility.

1.LIST OF RELATED ACTIVITIES

This activity is related to activities in TB/HIV care activities (#9062), HIV/AIDS treatment services (#8813), abstinence and be faithful (#8950), OVC (#9048), HBHC (#8934), other prevention (#8930) and PMCT (#8764).

2.ACTIVITY DESCRIPTION

In 2008, this activity will reach 250,000 individuals with Counseling and Testing services including PITC, VCT, and HBCT through 75 sites and 500 providers will be trained. In 2007, this activity will provide counseling and testing services to 100,000 people through the broadened entry points which include the clinical care settings through the provider initiated testing (PIT) and the traditional VCT sites, both integrated and free standing. The MOH already has an approved HIV testing serial testing protocol using whole blood and simple rapid tests. Previous efforts concentrated on diagnostic testing mainly of patients who had clinical indications of AIDS. This will be strengthened further through routine counseling and testing of TB and STI patients. Also previous efforts concentrated on integrating HIV testing in level III and IV health care facilities. This will be scaled up to the lower level health facilities especially in Districts where CC-ART sites have been decentralized. This activity will target 50 sites and train 150 counselors. The coast region has already established counseling and testing services but some Districts have hard to reach populations. Outreach mobile teams will be facilitated to conduct CT services to these communities. Home/family based CT services will be initiated in Mombasa, Malindi and Kilifi who already have index clientele enrolled in care. This will require the recruitment, training or orientation of lay counselors to support this activity. Voluntary counseling and testing will be scaled up through community mobilization and outreach services for youth and adolescents in the region. This will be done in collaboration with National organization for Peer Educators (NOPE) who is one of the Strategic Partners to promote the culture of the need to know one's sero status among the youth. Building on NOPE's work with workplace HIV/AIDS programs, CT and testing will be integrated in workplace programs that already have HIV/AIDS policies and care and treatment programs so that there is an active linkages for those testing HIV positive. The broadening of entry points to counseling and testing will require that at least 150 service providers are trained in routine and diagnostic counselling and testing especially at lower levels of health care provision. The training will encompass aspects of care and treatment and the need for systematic referral. Training in couple counseling and youth and adolescent counseling for all existing counselors will also be conducted. Through the collaboration with (CLUSA) and using the FHI model for SBC, community mobilization campaigns for couple counseling and testing will be conducted. Quality assurance and Quality Improvement are key to the fulfillment of the government objectives and the Districts will be supported to provide supervision to the service providers including training of more people in support supervision. Sub agreements in this program will be awarded to National organization for Peer Educators (NOPE) and the Ministry of Health. Amounts and other sub agreements TBD.

3.CONTRIBUTIONS TO OVERALL PROGRAM AREA

This APHIA II Coast project will contribute to the Kenya 5-Year Strategy which focuses on HIV prevention. Targets in this project will contribute to numbers counseled and tested for HIV/AIDS. The proposed program contributes to COP 2007 targets, and is consistent with the PEPFAR 5-Year Strategy, in the following manner: Increased access to counseling and testing clinical services, and increased availability of counseling and testing clinical services.

4.LINKS TO OTHER ACTIVITIES

The APHIA II Coast Counseling and Testing activities will relate to HIV/AIDS treatment services (#8813), Abstinence and Be Faithful Program (#8950), OVC (#9048), HBHC (#8934), TB/HIV care activities (#9062), OP (#8930), and PMCT (#8764). This activity will ensure referral for services for those that test positive especially to prevention services and post test clubs and to care services such as TB, and treatment while others will be referred to post test clubs.

5. POPULATIONS BEING TARGETED

This activity will target the general population including adults (Men,Women, FP clients,Youth), People affected by HIV/AIDS (Children born of HIV infected mothers, Spouses of HIV infected persons, Family members of an HIV infected person), Community members including Faith based organizations, Non-governmental organizations, and Community based organizations. Health providers both in the private and public sector providers will be targeted.

6.KEY LEGISLATIVE ISSUES ADDRESSED

Gender is a key legislative issue addressed in this activity. This includes activities supporting counseling that challenges norms about masculinity, delayed sexual activity and reduced multiple sex partners for boys and men and transactional sex. The activity also include support for testing and support services for victims of sexual abuse and violence, training on couple counseling, risk assessment, stigma reduction, and supporting women to mitigate potential violence.

7.EMPHASIS AREAS

This activity supports the development and implementation of referral systems, quality assurance and supportive supervision for CT counselors. The activity will also support the training of additional counselors especially targeting testing for youth and in clinical setting. The activity will also work with local organizations and MOH in Coast province to strengthen their capacity to implement programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 8781

Related Activity: 14806, 14807, 14808, 14809, 14810, 14813

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20473	8781.20473. 09	U.S. Agency for International Development	Family Health International	9067	4913.09	APHIA II - Coast	\$2,400,000
8781	8781.07	U.S. Agency for International Development	Family Health International	4913	4913.07	APHIA II - Coast	\$900,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14806	8764.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000
14807	8950.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000
14808	8930.08	6948	4913.08	APHIA II - Coast	Family Health International	\$1,800,000
14809	8934.08	6948	4913.08	APHIA II - Coast	Family Health International	\$1,205,000
14810	9062.08	6948	4913.08	APHIA II - Coast	Family Health International	\$390,000
14813	8813.08	6948	4913.08	APHIA II - Coast	Family Health International	\$4,900,000

Emphasis Areas

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	75	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	500	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	250,000	False

Indirect Targets

Target Populations	
General population	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Special populations	
Most at risk populations	
Men who have sex with men	
Most at risk populations	
Persons in Prostitution	
Other	
Orphans and vulnerable children	
Discordant Couples	

Coverage Areas

Coast

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 353.08 Prime Partner: Internews

Funding Source: GHCS (State) Budget Code: HVCT Activity ID: 4174.08 Activity System ID: 14850 Mechanism: TBD USG Agency: U.S. Agency for International Development Program Area: Counseling and Testing Program Area Code: 09 Planned Funds: \$200,000

Other changes since approval in 2007:

+ in FY08, Internews will expand its training of radio journalists to Western Kenya. According to the Kenya demographic and Health Survey, Western Kenya is the province with the highest HIV infection rate in the country. A number of emerging radio stations in Kisumu have expressed interest in being trained in HIV-related issues.

+ Internews will train 8 radio professionals (journalists or talk show hosts) from Western Kenya and support them in producing 16 radio programs. A 10-day radio training will be held at our Nairobi offices, during which each trainee will produce a 3 minute feature on CT related issues, which can be used as an introduction to a call-in show at their respective stations. At least two follow-up visits will be made to each station for onside mentoring. A "mentoring travel trip" will also be organized for the best 4 journalists, during which an Internews trainer will accompany the journalists on a CT related story in their district, and assist them with producing programs thereafter.

+ training will be expanded to include print jornalists.

1. LIST OF RELATED ACTIVITIES

This INTERNEWS/Local Voices Counseling and Testing activity relates to activities in HIV/AIDS Treatment services [#6915], OVC [#9076], and PMTCT [#6916], Blood safety [#8705], and Policy Analysis and Systems Strengthening [#6918].

2. ACTIVITY DESCRIPTION

According to the Kenyan Demographic and Health Survey (DHS), four out of every five HIV-positive Kenvans don't know that they have contracted the virus. Internews will increase demand for counseling and testing (CT) services through innovative communications and by encouraging reporting on the subject via radio and television. The primary strategy will be to train journalists and talk show hosts to equip them with the skills to accurately report on complex CT related issues, which are commons sources of rumors, misconceptions, and public misinformation. In FY 2008, Internews will specifically train 4 print, 14 radio, 4 television journalists and 4 camera people and support them in producing 8 high quality features to be broadcast on prime time TV programs in Kenya, estimated to reach 2 million viewers around the country. This activity will contribute to increased access to and utilization of diagnostic, routine, and voluntary counseling and testing. Internews will also train leaders from 8 NGOs such as Liverpool VCT, Nazareth Hospital, etc. on effective media communications on CT. In addition, 4 travel grants will be provided for coverage of CT, 2 for TV, 2 print, and 2 for radio. Internews Network Inc. is an international non-profit organization that supports open media worldwide. In Kenya, the organization is committed to training broadcast journalists, supporting improved news reporting and programming about the HIV/AIDS epidemic and its impact on local communities. The radio content analysis research in Kenya, conducted by Steadman International, has shown that the frequency of HIV/AIDS radio programs in Kenya has increased by at least 50% since this activity started two years ago. There has also been a significant increase in the quality and diversity of programs, with the voices of PLWHAs being heard far more often on radio. To date Internews has conducted 3 training workshops for radio journalists on VCT and one on diagnostic testing and counseling (DCT), resulting in over 50 radio programs aired on these issues. Since May 2004, Internews has operated a Media Resource Center (MRC) in Nairobi. The MRC is stocked with more than 2,000 HIV/AIDS publications and offers internet access to provide Kenyan journalists with desperately needed resources to produce stories about HIV/AIDS. It also provides computers with digital sound editing programs, as well as the help of a sound technician and senior journalists, to assist in the production of programs.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This project will contribute to the Kenya 5-Year Strategy that focuses on number of people Counseled and Tested. This activity will contribute to increased access to and utilization of diagnostic, routine, and voluntary counseling and testing.

4. LINKS TO OTHER ACTIVITIES

This INTERNEWS/Local Voices Counseling and Testing activity relates to activities in HIV/AIDS Treatment services [#6915], OVC [#9076], and PMTCT [#6916], Blood safety [#8705], and Policy Analysis and Systems Strengthening [#6918]. 5. POPULATIONS BEING TARGETED Targeted populations include the general Population (Men and women), People Living with AIDS, Host country government workers, especially Policy makers, who are involved in the training sessions.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Through the training sessions stigma and discrimination are addressed.

7. EMPHASIS AREAS

Internews places major emphasis on Training and minor emphasis on capacity building for media houses targeting journalists and talk show hosts. Information, Education and Communication is another minor emphasis area in which Internews will continue to provide services through the media resource center set up by the project.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6917

Related Activity: 14847, 14848, 14849, 14851, 14852

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20530	4174.20530. 09	U.S. Agency for International Development	Internews	9077	353.09	Voices in Health	\$200,000
6917	4174.07	U.S. Agency for International Development	Internews	4236	353.07	Local Voices	\$150,000
4174	4174.06	U.S. Agency for International Development	Internews	3234	353.06	Local Voices	\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14847	4173.08	6957	353.08	TBD	Internews	\$110,000
14848	8705.08	6957	353.08	TBD	Internews	\$150,000
14849	9076.08	6957	353.08	TBD	Internews	\$100,000
14851	4172.08	6957	353.08	TBD	Internews	\$400,000
14852	4175.08	6957	353.08	TBD	Internews	\$300,000

Emphasis Areas

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 662.08 Prime Partner: International Medical Corps Funding Source: GHCS (State) Budget Code: HVCT Activity ID: 4772.08 Activity System ID: 14839 Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Counseling and Testing Program Area Code: 09 Planned Funds: \$1,200,000

The only changes to the program since approval in the 2007 COP are:

+ geographic coverage has been expanded to include Migori district in Nyanza province. They will provide the same services in Migori as in Suba. The same level of care and treatment services in Suba will also be available in Migori, provided by UCSF which is the same PEPFAR funded agency for Suba. The good partnership between IMC and UCSF (FACES) in Suba will therefore be extended to Migori.

+ the home based CT has been well received in Suba (with acceptance rates of over 90%), hence the expansion to Migori. However, in order to strengthen referral to care and treatment, IMC in FY 2008 will continue to support establishment of community based support groups for people living with HIV/AIDS. IMC will also carry out follow up visits, especially to the homes with HIV positive people. During this second visit, they will take evaluate the impact of the intervention using different t methodologies. Where necessary, acceptable and logistically feasible, blood will be taken for CD4 testing at Suba district hospital. IMC will also continue supporting Male Circumcision through its community level networks.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in PMTCT (#6906) and TB/HIV (#6905).

2. ACTIVITY DESCRIPTION

In FY 2008, International Medical Corps (IMC) will continue to work in Suba, promoting uptake of Counseling and Testing (CT) in medical facilities, fixed and outreach VCT outlets and through door- to- door testing in both Suba and Migori districts. Door-to-door HIV testing was first piloted in Suba by IMC in FY 2006, because Suba had the highest HIV prevalence in Kenya. A door-to-door approach will identify large numbers of previously undiagnosed individuals who will benefit from the rapidly emerging care opportunities and will also increase couples counseling and testing and facilitate the identification of discordant couples. Thus, the initiative will contribute towards realization of Kenya's national prevention, care, and treatment targets. Through these multiple approaches for VCT, IMC will provide CT services to 80,000 individuals, with at least 15,000 of them being referred for care and treatment. An estimated 3,000 discordant couples will also be identified and counseled. Core activities will include establishment of 40 additional CT sites in health facilities, provision of mobile VCT, door-to-door CT, strengthening the networks for referral of those testing HIV positive to care. Support to the ten existing VCT sites operating in collaboration with local community based organizations (CBO) will also continue. Periodic Mobile VCT to selected underserved areas of the district will be provided as part of integrated outreach package coordinated jointly with Ministry of Health and CDC/KEMRI GAP program for Nyanza. Service elements during such integrated outreach activities will include CT, TB screening and referral, Prevention with positives interventions, PMTCT and immunization. 80 new CT service providers will be trained to meet personnel requirements for new CT sites and expansion of service through door- to-door testing. These activities will result in increased CT access and better linkage of HIV positive persons to care. In FY 2008 IMC will strengthen its network with the local CBOs to educate the community in Suba and Migori on the benefits of CT for prevention and care. In the two districts stigma and fear remain major barriers to uptake of CT and utilization of available HIV/AIDS care services. In order to address this challenge, IMC will work with the Ministry of Health and other partners to institutionalize HIV testing as part of diagnostic work up of patients and to strengthen referral linkages between door-to-door CT and care services. IMC will also strengthen compliance with national guidelines for CT services, guality assurance and data management at all points of services delivery including home settings. IMC will also work with local leaders, the religious community and the local media to promote education and dissemination of information.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

IMC's CT work in Suba and Migori, is appropriately targeted towards identifying large numbers of HIV infected individuals who are potential beneficiaries of the prevention, care and treatment opportunities created through President's Emergency Fund. The planned CT service output of 90,000 for FY 2008 represents a significant increase from FY 2006 target. At national level, it represents only a modest contribution to the overall 2008 Emergency Plan CT targets for Kenya, but is highly relevant since it targets a population with the highest HIV prevalence in the country. Planned mobile and door-to-door VCT will improve equity in access to essential HIV/AIDS services and will help normalize HIV testing in this high prevalence district. Linkages initiated with FY 2007 funds between CT services and care will be strengthened to ensure achievement of Emergency plan targets.

4. LINKS TO OTHER ACTIVITIES

The IMC CT activities in Suba District relate to IMC activities in PMTCT(#6906) and TB/HIV (#6905) activities and collectively constitute an effective comprehensive response to HIV/AIDS epidemic in this area.

5. POPULATIONS BEING TARGETED

This activity targets a district with the highest HIV burden in Kenya and where practices that encourage HIV spread such as widow inheritance and premarital sex are common. The district in focus is one where HIV/AIDS services are not readily available to the entire population, partly because of the geography of the area. For example a large part of the district is covered by the water of Lake Victoria, and therefore access is by boat. In FY 2008 the main focus of IMC's effort in Suba will be door-to-door CT. This activity targets the entire population and will be done in phases. The first phase was started in FY 2006, and the acceleration phase was in FY 2007. The essence of this community-based CT work is to educate the entire population in the district, with the family as the focus. By educating the entire family, IMC will be achieving several strategic prevention, care and treatment objectives, the main ones being stigma reduction and family support for people in care and treatment.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will reduce gender based disparities in the provision of HIV/AIDS services. Part of this will be done through the promotion of couple counseling and disclosure. Analysis of VCT client data at existing IMC sites indicates a low service uptake by couples and low disclosure rate amongst sex partners. The much increased availability of CT services through door-to-door testing, Mobile VCT and in health facilities will help to reduce gender disparities in access to CT and reduce stigma.

Activity Narrative: 7. EMPHASIS AREAS

The planned activities will require a major emphasis on human resources for successful implementation since the target district has a severe shortage of service providers both in public and private. Resources to expand human resource capacity to provide other essential HIV/AIDS services are also lacking. IMC will therefore dedicate considerable efforts and funds during FY 2007 towards addressing human resource deficit for its planned activities. Innovative approaches that increase access to CT within home settings and within medical facilities in this area will be implemented. Minor emphasis will be on infrastructure, training of service providers and enhancing linkages to care services outlets to match increased identification of HIV positive individuals that will result from improved CT uptake in the district. Another minor emphasis will be in the area of community mobilization. Part of the Kenya's MC roll-out strategy will be to build on existing PEPFAR activities. IMC is currently implementing door-to-door testing in Suba District, Kenya's highest prevalence district. Plus-up funding will be used to expand IMC's VCT work to target those who may be eligible for MC services. IMC will develop and incorporate communication messages in their VCT package about MC, together with referral information for facility and mobile service delivery which will also be provided in Suba District with Plus-up support through IRDO. The MC mobile service provision will be provided by mobile teams consisting of approximately five people (including 1 clinical officer, 1 VCT counselor, 1 surgical nurse, 1 sterilizer/cleaner and 1 driver). These mobile teams will be coordinated with IMC's HBVCT and mobilization efforts.

HQ Technical Area:

New/Continuing Activity: Continuing Activity Continuing Activity: 6907 Related Activity: 14836, 14838

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20514	4772.20514. 09	HHS/Centers for Disease Control & Prevention	International Medical Corps	9075	662.09		\$900,000
6907	4772.07	HHS/Centers for Disease Control & Prevention	International Medical Corps	4234	662.07		\$1,150,000
4772	4772.06	HHS/Centers for Disease Control & Prevention	International Medical Corps	3256	662.06		\$380,500

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14836	4239.08	6955	662.08		International Medical Corps	\$330,000
14838	4238.08	6955	662.08		International Medical Corps	\$500,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Male circumcision

Wraparound Programs (Health-related)

- * Malaria (PMI)
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	40	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	100	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	120,000	False

Indirect Targets

Target Populations

General population		
Children (under 5)		
Boys		
Children (under 5)		
Girls		
Children (5-9)		
Boys		
Children (5-9)		
Girls		
Ages 10-14		
Boys		
Ages 10-14		
Girls		
Ages 15-24		
Men		
Ages 15-24		
Women		
Adults (25 and over)		
Men		
Adults (25 and over)		
Women		
Other		
Discordant Couples		

Coverage Areas

Nyanza

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 305.08 Prime Partner: International Rescue Committee Funding Source: GHCS (State) Budget Code: HVCT Activity ID: 4774.08 Activity System ID: 14845 Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$200,000

Other changes:

+ in FY 2008 IRC will expand their support for CT beyond the refugee camp. They will support PITC training for all health facilities in the Kakuma and Lokichoggio areas.

+ IRC will also implement other CT approaches such as Mobile CT and Home Based CT. Because of security concerns this can only be done within the refugee camp. Technical support will be provided by other PEPFAR funded partners who have adequate experience in HBCT. In this regard they will leverage resources from HIV prevention and care.

1.LIST OF RELATED ACTIVITIES

This activity relates to activities in AB (#6913), HBHC (#6909), ART (#6914), OP (#6910), and PMCT (#6911).

2.ACTIVITY DESCRIPTION

With support from CDC, International Rescue Committee (IRC) has implemented HIV counseling and testing (CT) and other HIV/AIDS intervention programs for refugees at Kakuma Camp and neighboring communities in Turkana District in Northwestern Kenya since 2001. The CT component of the IRC program in Turkana is implemented at four outlets whose capacities will be expanded to provide CT more people during FY 08. During this period, 150 additional counselors and health workers will be trained and deployed at these sites and there will be a shift of focus towards providing CT within medical settings as part of clinical care. Through these efforts, IRC will provide CT to 10,000 people during FY 2008 HIV positive individuals identified in this CT program will be referred to care and treatment outlets operated in the same geographical area by IRC through support from the President's Emergency fund. CT services target the local community, comprised primarily of the nomadic Turkana tribe, humanitarian aid workers, refugees, fishermen from Lake Turkana, commercial sex workers, and the youth. With the signing of the peace agreement in Sudan and the expectation of eventual returning home of the Sudanese refugees, significant emphasis is given to building the capacity of Sudanese nationals, to enable them to initiate similar programs when they return home. Founded in 1933, the IRC is a leading non-sectarian, voluntary organization providing relief, protection and re-settlement services for refugees and victims of oppression or violent conflict. IRC is committed to promoting freedom, human dignity and self-reliance. This commitment is reflected in well-planned resettlement assistance, global emergency relief, rehabilitation and advocacy for refugees in 33 countries around the world. IRC has been operational in Kenya since 1992, focusing initially on health outreach activities in Kakuma Refugee Camp. Since 1997, IRC has been the sole implementing partner for the health activities in Kakuma, under the operational umbrella of UNHCR. With additional support from CDC, IRC started an HIV/AIDS prevention and care program in Kakuma in September 2001, in Lokichoggio in February 2004, and in Kalokol in July 2005. Remote and arid, Turkana district covers a vast area where government infrastructure and social services are weak and poverty is high. The Local people are mainly nomadic pastoralists, but the weather is harsh and rainfall unpredictable. This poverty situation is worsened by insecurity and cattle rustling. The total population in the target area is 271,000 people, of whom 91,000 are refugees. Currently there are an estimated 16,000 HIV infected individuals in Turkana, with less than one percent receiving any form of care. IRC is one of the few agencies working to meet these needs.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

CT activities implemented by IRC in this geographical area will result in CT for 10,000 people who will be served in varied settings, including health facilities and stand-alone CT outlets. IRC activities will also result in the training of 150 additional CT service providers. IRC's activities will contribute 2% of the overall USG CT target for Kenya in FY 2007. However this activity will also contribute to Kenya's Five-Year Strategy which encourages Kenyans to learn their status and supports development of strong links between CT care service provision for those who are HIV positive and in need of health care.

4. LINKS TO OTHER ACTIVITIES

IRC CT activities in Kakuma are part of a comprehensive program and will be linked to other services the IRC will offer in AB (#6913), OP (#6910), PMTCT (#6911), HBHC (#6909) and ART (#6914) activities in Kalokol and Lokichoggio. These services will be provided through IRC's partner, the African Inland Church. AIC is well-positioned to identify and implement strategies for linkage in these two locations.

5. POPULATIONS BEING TARGETED

This activity targets the highly underserved populations in the Turkana District of Northern Kenya. Specific groups targeted for CT activities include the nomadic/pastoralist local community, fishermen, truck drivers, refugees, relief workers and commercial sex workers. These nomadic populations and the commercial sex workers are particularly at risk for HIV infection. Relief workers who often live apart from their families while serving among refugees are also at increased risk of infection. In providing HIV services to refugees, efforts will focus on identifying opinion leaders in the refugee community who will encourage the refugee community to utilize available services.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The primary legislative issue addressed in this project is under the "other" category for refugees and other nomadic, underserved groups. Legislative issues regarding gender equity and reducing discrimination will also be addressed through advocacy and health outreach.

7. EMPHASIS AREAS This activity includes major emphasis on human resources and minor emphasis on infrastructure, quality assurance, community mobilization and training as detailed in the activity description above. The factors that increase project costs include insecurity, isolation, distance between inhabited areas, poor infrastructure, difficulty in recruiting and retaining qualified staff, and the higher staff salaries needed to compensate for the hardship in this location. Project costs reflect the current lack of local capacity and need to provide trainings and other capacity building support to partners in the district.

New/Continuing Activity: Continuing Activity

Continuing Activity: 6912

Related Activity: 14840, 14841, 14842, 14843, 14846

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20521	4774.20521. 09	HHS/Centers for Disease Control & Prevention	International Rescue Committee	9076	305.09		\$200,000
6912	4774.07	HHS/Centers for Disease Control & Prevention	International Rescue Committee	4235	305.07		\$200,000
4774	4774.06	HHS/Centers for Disease Control & Prevention	International Rescue Committee	3225	305.06		\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14840	4150.08	6956	305.08		International Rescue Committee	\$80,000
14841	4805.08	6956	305.08		International Rescue Committee	\$192,500
14842	4149.08	6956	305.08		International Rescue Committee	\$132,500
14843	4148.08	6956	305.08		International Rescue Committee	\$200,000
14846	4809.08	6956	305.08		International Rescue Committee	\$350,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	10	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	150	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	10,000	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Refugees/Internally Displaced Persons

Coverage Areas

Rift Valley

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 443.08 Prime Partner: Institute of Tropical Medicine Funding Source: GHCS (State) Budget Code: HVCT Activity ID: 8746.08

Activity System ID: 14835

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Counseling and Testing Program Area Code: 09 Planned Funds: \$100,000

1.LIST OF RELATED ACTIVITIES

This activity relates to activities in AB (#6903) and OP (#6904).

2.ACTIVITY DESCRIPTION

The Institute of Tropical Medicine (ITM) has a long international history of operational research on HIV in Africa including Kenya. In previous years, they have received Emergency Plan funds, through CDC, for the implementation of AB and OP activities in Nyanza Province, the region that has the highest HIV prevalence in Kenya. The main of strength of ITM has been their work with youth in HIV prevention and evaluation. In FY 2007 they will continue to work with youth to support HIV in prevention, but they will also carry out specific CT activities in the same region. This includes expanding the scope of the two stand-alone VCT sites and facilitating mobile and outreach VCT services in areas where VCT services are not available. Mobile VCT will be provided in markets, beaches, near schools and during community events. Mobile VCT will be preceded with extensive community mobilization and awareness creation. In the past, ITM has facilitated the establishment of support groups for HIV positive youth. In FY 2007 these established groups will be used to disseminate information about CT in the community. This will improve uptake of CT services as well as reduce HIV-related stigma in the area. All these efforts should lead to at least 10,000 being counseled and tested for HIV. This will require an additional 20 counselors to be trained, both for the 10 stand-alone and the mobile VCT services.

3.CONTRIBUTIONS TO OVERALL PROGRAM AREA

As stated above, Nyanza province has the highest HIV prevalence in Kenya. The Kenya Demographic and Health Survey of 2003 showed that majority of the HIV positive Kenyans (including those in Nyanza) do not know their HIV status. Despite the relatively small numbers of people projected to receive CT services in FY 07, by working with the youth, ITM will be working towards achievement of national CT targets. They will also be working towards the realization of Kenya's five-year strategy of preventing infections among the youth. But apart from this longer term contribution, ITM will promote greater access to comprehensive HIV/AIDS care, through increased knowledge of status.

4.LINKS TO OTHER ACTIVITIES

This activity will be linked to AB (#6903) and OP (#6904) activities implemented by the Institute of Tropical Medicine in Nyanza province. Personnel that carry out community mobilization can pool resources to maximize the benefit. Also, the OP and AB activities can be used to increased uptake of CT.

5. POPULATIONS BEING TARGETED

The primary population being targeted is rural youth, including both in-school and out-of-school youth. Ages of youth targeted range from 13 to the early 20's. In addition, their parents and community and religious leaders are targeted by the project.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This project will have a strong gender component, including increasing young women's access to income and productive resources. The activity will also facilitate stigma reduction through community mobilization and through widespread CT activities.

7. EMPHASIS AREAS

The primary emphasis area is human resources, as the project has a large staff needed to implement and assess the impact of these interventions. Community mobilization to change social norms which encourage delay in sexual debut is also an important component of this project, along with IEC activities to educate the youth and their parents about abstinence, faithfulness and safer sex practices.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8746

Related Activity: 14833, 14834

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20509	8746.20509. 09	HHS/Centers for Disease Control & Prevention	Institute of Tropical Medicine	9074	443.09		\$100,000
8746	8746.07	HHS/Centers for Disease Control & Prevention	Institute of Tropical Medicine	4232	443.07		\$60,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14833	4217.08	6954	443.08		Institute of Tropical Medicine	\$705,000
14834	4852.08	6954	443.08		Institute of Tropical Medicine	\$445,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	10	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	20	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	10,000	False

Indirect Targets

Target Populations

General populat	lation
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	

Coverage Areas		
Nyanza		

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 521.08 Prime Partner: Indiana University Funding Source: GHCS (State) Budget Code: HVCT Activity ID: 8758.08 Activity System ID: 14831 Mechanism: USAID-AMPATH Partnership USG Agency: U.S. Agency for International Development Program Area: Counseling and Testing Program Area Code: 09 Planned Funds: \$500,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in PMTCT (#6898), Palliative Care: Basic Health Care (#6901), TB/HIV (#6900) and ARV (#6899).

2. ACTIVITY DESCRIPTION

In 2008 this activity will reach 200,000 individuals with counseling and testing services through 25 outlets and train 200 providers in PITC, VCT and HBCT. The Academic Model for the Prevention and Treatment of HIV/AIDS (AMPATH) is a broad initiative by Moi University Faculty of Health Sciences and Moi Teaching and Referral Hospital in collaboration with Indiana University School of Medicine (IUSM) and other academic centers. AMPATH is a comprehensive program of HIV treatment, prevention, community mobilization, Counseling and Testing (CT), Prevention of Mother-To-Child HIV transmission infection (PMTCT), PMTCT-Plus, nutritional support, on the job training, and outreach activities. The Emergency Plan (EP) and private foundations fund this project. In 2006, AMPATH initiated aggressive community mobilization activities around their geographical area of operation. These community mobilization activities have traditionally targeted audiences with BCC messages, and CT has been incorporated as an important prevention and care entry point. In addition, DTC programs are just beginning to ramp up in each of the 18 AMPATH sites, and through both VCT and DTC, it is expected that a total of 100,000 persons will learn their HIV status in 2007. For those clients that will be diagnosed with HIV, appropriate referrals are planned for the management of opportunistic infections and HIV/AIDS treatment using the existing AMPATH network of HIV care and treatment sites. This activity will train 250 people in CT in 2007.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through AMPATH's efforts, a total of 100,000 HIV infected persons will receive counseling and testing, thus contributing to over 30% of persons reached in this program area. These activities will contribute to increased access to CT services, particularly among underserved and high risk populations and result in increased availability of diagnostic counseling and testing services in medical settings to identify the large numbers of HIV infected patients who are potential candidates for ART.

4. LINKS TO OTHER ACTIVITIES

The CT activities of the AMPATH in the Rift Valley region relate to AMPATH's Palliative Care activities (#6901), ARV services (#6899), PMTCT (#6898) and TB/HIV (#6900) services.

5. POPULATIONS BEING TARGETED

This activity targets the general population, adults of reproductive health age, pregnant women, family planning clients, University students, infants, and HIV positive pregnant women. Behavior Change and Communication (BCC) activities will involve community leaders and community based organizations to increase demand for services amongst community members. Strategies to improve quality of services will target health care providers in public health and private facilities including lay counselors, nurses, mid wives and other health care workers such as clinical officers and public health officers. This activity will also target most at risk populations like commercial sex worker, discordant couples and street youth.

6. KEY LEGISLATIVE ISSUES ADDRESSED

It is envisaged that increased availability of Counseling and Testing services will help reduce stigma and discrimination at community and facility level.

7. EMPHASIS AREAS

The major emphasis for this activity is in quality assurance and supportive supervision. This activity supports the development and implementation quality assurance and supportive supervision for CT counselors. Other minor emphasis areas in this activity will be in the support of training of additional counselors especially targeting testing in clinical setting. The activity will also work with the MOH in the program area to strengthen their capacity to implement programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8758

Related Activity: 14827, 14829, 14832

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20503	8758.20503. 09	U.S. Agency for International Development	Indiana University	9073	521.09	USAID- AMPATH Partnership	\$700,000
8758	8758.07	U.S. Agency for International Development	Indiana University School of Medicine	4230	521.07		\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14827	4233.08	6953	521.08	USAID-AMPATH Partnership	Indiana University	\$600,000
14829	4235.08	6953	521.08	USAID-AMPATH Partnership	Indiana University	\$1,200,000
14832	4234.08	6953	521.08	USAID-AMPATH Partnership	Indiana University	\$6,800,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	25	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	200	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	200,000	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

Coverage Areas

Rift Valley

Western

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	375.08	Mechanism:	N/A
Prime Partner:	Hope Worldwide	USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	Program Area:	Counseling and Testing
Budget Code:	HVCT	Program Area Code:	09
Activity ID:	4786.08	Planned Funds:	\$600,000
Activity System ID:	14819		

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

+ geographic coverage has been expanded to include the entire transport corridor from the costal town of Mombasa to Busia near the border with Uganda. HWWK provides mobile VCT services to these populations including Moonlight VCT. This expansion includes opening up of new sites in the vicinity of the northern corridor, such as in Eldoret and in Makindu.

+ the target population has been expanded to include people living in the informal settlements, especially in parts of Rift Valley. Moonlight VCT services target female sex workers and their clients along the highway, matatu drivers and turn-boys and communities that are adjacent to the highway "hot spots".

+ HWWK will make a concerted effort in FY 08 to meet the needs of the communities surrounding fixed VCT centers by offering home-based CT services to these communities. They will continue providing other prevention and care services such as Family Planning integration, STI treatment services, prevention with positives and counselor-assisted disclosure.

1. LIST IF RELATED ACTIVITIES

This activity relates to activities with Hope Worldwide AB program (#6893) and ANCHOR/Hope Worldwide OVC program (#6891)

2. ACTIVITY DESCRIPTION

In FY08 Hope Worldwide Kenya (HWW) will continue to provide youth-friendly CT services in Nairobi and Makueni as part of its comprehensive HIV prevention program for the youth. In addition HWW will promote the uptake of VCT services in high-risk sites along the busy Nairobi-Mombasa highway especially targeting Female Sex Workers (FSW) and long distance truck drivers. HWW is a faith-based charity founded in 1991 by the International Churches of Christ. In the year 2004, HWW was awarded a CDC cooperative agreement to scale up its youth targeted interventions. Its programs are designed to provide medical treatment, poverty relief and to restore hope among those who struggle as a result of disease, poverty or abandonment. In FY06 HWW implemented innovative CT approaches in Kenya. These included Youth Friendly VCT, Mobile VCT and Moonlight VCT. The Moonlight VCT program received international acclaim in FY06. The program mainly serves the long distance truck drivers and female sex workers (FSW) at truck stops along the main highway in Kenya. The general population living near the truck stops is also able to access VCT services through this program. During Moonlight VCT, HWW also provides STI treatment as an additional service and as an entry point to comprehensive care. In order to increase accessibility of CT, Moonlight VCT services are provided in a Mobile VCT van between 6pm and 2am by 4 counselors and 1 nurse. Providing services at night is more expensive per person served but is an innovative and creative approach worthy of support; additional funds are needed to support this outreach. HWW also operates 5 youth friendly VCT sites in Nairobi and Makueni. In FY 2008, these programs will be expanded to 10 service centers. Mobile and Moonlight VCT services will continue to be scaled up through partnership with Truckers Associations, bar owners, companies producing alcohol, and advertising companies. Outreach services to remote areas will be coordinated from the fixed VCT sites. HWW will also implement peer education programs for FSW and Truckers, work with communities to discourage commercial sex work and increase condom. Youth outreach programs will be scaled up through partnership with youth organizations, schools and churches. The youth friendly sites will train peer educators and will also provide outreach HIV/AIDS education with a focus on CT to neighboring schools. In FY 2008, HWW expects to train an additional 50 counselors and increase the number of individuals provided with CT to 50,000. Moonlight VCT activities are expected to provide CT to an additional 5,000 high risk and difficult to reach individuals along the truck stops.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The CT activities supported by HWW will result in improved access to CT for a highly vulnerable group of young people as well as high –risk individuals including FSW and Truck drivers along the Nairobi- Mombasa highway. These activities constitute a modest contribution to the overall 2008 Emergency Plan CT targets for Kenya. Consistent with the mandates of the Five-Year Strategy, this activity improves equity in access to HIV services, focuses on youth, FSW and truckers as priority areas, encourages Kenyans to learn their serostatus, and improves linkages between CT and care services.

4. LINKS TO OTHER ACTIVITES

HWW CT activities in Nairobi slums, Makindu and Kibwezi are closely linked to Hope Worldwide AB (#6893) and OVC (#6891) activities which are an integral part in the youth CT program initiative. CT and AB interventions and related trainings will be provided regularly in these programs.

5. POPULATIONS BEING TARGETED

This activity targets the youth, especially young women. It especially targets the high risk populations including long distance truck drivers and FSW along Nairobi-Mombasa highway. HWW recognizes the importance of involving and soliciting the input of significant community leaders as a strategy for creating community awareness of CT services, which are also promoted through education outreach efforts in primary and secondary schools.

6. KEY LEGISTLATIVE ISSUES ADDRESSED

This activity will increase equity in programming through the dissemination of counseling messages aimed at vulnerable young people, FSW and long distance truckers. The increased availability of CT services for these vulnerable and high-risk groups will help normalize HIV testing among them, reduce stigma and discrimination, and promote further uptake of associated services. The youth friendly VCT sites will also provide unique opportunities for entertainment and education of youth on reproductive health issues.

7. EMPHASIS AREAS

This activity includes major emphasis on community mobilization for Mobile and Moonlight VCT services. The targeted groups are FSW, Truckers and rural communities in difficult to reach areas. Another area of emphasis is the human resources that will provide integrated prevention and care services. The focus will be on engaging and retaining service providers capable of providing high quality VCT services. Linkages Activity Narrative: with other outlets that provide additional services to these target groups will also be strengthened. Another minor emphasis will be in the area of training to ensure on-going training in areas of CT as well as training new CT counselors.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6894

Related Activity: 14817, 16291

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20486	4786.20486. 09	HHS/Centers for Disease Control & Prevention	Hope Worldwide	9070	375.09		\$600,000
6894	4786.07	HHS/Centers for Disease Control & Prevention	Hope Worldwide	4228	375.07		\$350,000
4786	4786.06	HHS/Centers for Disease Control & Prevention	Hope Worldwide	3240	375.06		\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14817	4198.08	6950	375.08		Hope Worldwide	\$175,000
16291	16291.08	6950	375.08		Hope Worldwide	\$20,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	10	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	50	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	50,000	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Eastern

Nairobi

Coast

Rift Valley

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 692.08

Prime Partner: Impact Research and Development Organization

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 8751.08

Activity System ID: 14824

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Counseling and Testing Program Area Code: 09

Planned Funds: \$500,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only other changes to the program since approval in the 2007 COP are:

+ in FY 2008 IRDO will implement home-based HIV counseling and testing (HBCT) for urban slum dwellers in Kisumu city. This is an expansion of the CT activities from FY 07, which were mainly site-based. In FY 08, IRDO will establish a fully fledged HBCT program including a communication strategy. This will lead to a large increase in the number of people counseled and tested and accessing care and treatment with the support of IRDO.

+ they have also successfully implemented youth prevention programs that included counseling and testing. They will therefore use their experience and community structures to promote CT as a primary activity. IRDO will receive support in training of CT providers including supervisors. Since home based CT in urban slums is a new concept, this activity will be evaluated from time to time.

1.LIST OF RELATED ACTIVITIES

This activity relates to activities in AB (#6896) and OP (#6897).

2.ACTIVITY DESCRPTION

In FY 2008, Impact Research & Development Organization's (Impact Research) Tuungane project will provide HIV counseling and testing (CT) services to 30,000 individuals in Kisumu's slums and underserved areas in Suba District. This activity will respond to the high demand for counseling and testing created through Tuungane's behavior change activities targeting youth and at-risk populations. Tuungane will work through the 10 youth-friendly satellite centers in 5 major slums of Kisumu, in Nyanza Province and a central referral and coordination center. They will train at least 100 counselors to support their fixed, mobile and Home Based CT services. Tuungane has made remarkable strides in targeting hard to reach and underserved populations such as adolescent girls and young mothers through targeted activities. Other high risk subpopulations to be targeted include bodaboda and matatu operators, street youth, out of school youth, partners and clients of sex workers, bar workers and discordant couples. Most importantly, Tuungane will implement a prevention-with-positives program, working with PLWHAs. Additionally, Tuungane will support couples counseling and disclosure. Communities will be educated on couple discordance and the importance of couples knowing their HIV status together. Tuungane will also incorporate CT into their community outreach activities. Tuungane will also introduce diagnostic HIV testing and counseling (DTC) at its clinic at the Tuungane central youth facility where STI treatment is provided. Nurses and clinical officers currently working in the clinic will be trained and supported to provide DTC. Tuungane will continue providing youth-friendly services and addressing barriers that hinder access to counseling and testing. A coupon referral system and free boda boda transportation will ensure that transportation costs do not hinder people from seeking services. Through its linkage with USCF's FACES project, Tuungane will ensure access to care and treatment, including ART for positive people identified through the project. This far, Tuungane has demonstrated a remarkable strength in implementing intensive and quality interventions in the community and has useful lessons which will be scaled up to the underserved and highly vulnerable population of Suba district in Nyanza. Tuungane will work with high-risk groups in a site in Suba including the beach community to provide counseling and testing services, alongside its behavioral interventions of condoms and other prevention services. This project will actively involve existing youth community groups to enable it make rapid scale up of services. Service delivery will be improved through mobile integrated services including provision of free counseling services for youth and high-risk groups and referrals for free STI treatment.

3.CONTRIBUTION TO OVERALL PROGRAM AREA

The Tuungane's CT program will contribute not only to the overall CT portfolio in Kenya, but will also target a special and vulnerable population. They will target the youth, especially young girls in a slum area in Kisumu town. Kisumu town is in Nyanza region, which has the highest HIV prevalence in Kenya. They will also work in the beaches of Suba district, which is also a high risk population. Through this work Tuungane will help implement operational models which can be replicated elsewhere in Kenya with vulnerable populations. Thus Tuungane's contribution is very strategic and should help with future PEPFAR programming. 4. LINKS TO OTHER ACTIVITIES In the past Tuungane has implemented several prevention activities. These will be linked to the CT activity. Some of these programs include; AB (#6896), OP (#6897) and STI treatment. HIV-infected persons identified through this program will be linked to Care and Treatment activities.

5. POPULATION BEING TARGETED The activity will mainly target both the street and out-of-school youth, both male and female. It will also target discordant couples in stable relationships, who will benefit from couple counseling support. It will also target commercial sex workers and some migrant workers among the beach population in Suba.

6. KEY LEGISLATIVE ISSUES ADDRESSED The activity will mainly address gender equity concerns as well as stigma and discrimination issues. By focusing on young people, especially girls, Tuungane will strengthen gender equity and facilitate women's access to HIV/AIDS services.

7. EMPHASIS AREA

Tuungane's CT program will focus mainly on community mobilization and participation. To a lesser extent they will focus on human resource and training to support the continuity of the program. Service Delivery in Facilities and through Mobile approaches: In collaboration with the MOH, the Nyanza Circumcision Consortium, through IRDO, will work on targeted roll-out of MC services in Nyanza. Service delivery capacity-building will be rolled out in district hospitals and some private facilities where providers have been trained and where other USG PEPFAR partners, including KEMRI, are currently working. In addition to training, support will be provided for non-consumable commodities (i.e. autoclaves, instrument packs, surgical lamps, etc...) personnel and other infrastructure that will be necessary for MC service delivery. Service roll-out will initially target areas with high existing demand for MC services and will be integrated into discordant couples services for discordant male partners of women in care and treatment programs. Mobile service provision will be provided by mobile teams consisting of approximately five people (including 1 clinical officer, 1 VCT counselor, 1 surgical nurse, 1 sterilizer/cleaner and 1 driver) targeting high risk groups, such as uniformed services personnel and truck drivers, and areas of very high HIV prevalence. For example, mobile services will be provided in Suba District, Kenya's highest HIV prevalence district, to

Activity Narrative: complement the current door-to-door VCT program that PEPFAR is supporting there. In addition, services will be provided within areas such as the Demographic Surveillance Study area where operational evaluation can be conducted and in other areas where PEPFAR services exist. A critical component of this acitvity will be the provision of VCT services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8751

Related Activity: 14822, 14823

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20493	8751.20493. 09	HHS/Centers for Disease Control & Prevention	Impact Research and Development Organization	9072	692.09		\$500,000
8751	8751.07	HHS/Centers for Disease Control & Prevention	Impact Research and Development Organization	4229	692.07		\$260,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14822	4246.08	6952	692.08		Impact Research and Development Organization	\$1,632,500
14823	6583.08	6952	692.08		Impact Research and Development Organization	\$3,072,500

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Male circumcision

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	10	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	100	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	30,000	False

Target Populations

General population
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Special populations
Most at risk populations
Street youth
Most at risk populations
Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution Other
Discordant Couples

Coverage Areas

Nyanza

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	448.08
Prime Partner:	Population Council

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 17853.08

Activity System ID: 17853

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$200,000

Activity Narrative: PHE CONTINUING STUDY:

Project Title: Assessing the feasibility of HIV self-testing among health workers in Kenya

Name of Local Co- Investigator: Peter Cherutich, Isaiah Tanui, Rebecca Bunnell, Mary Mwangi, Lawrence Marum, Karusa Kiragu, Waimar Tun, Wilson Liambila

Project Description:

The PHE seeks to assess the feasibility of HIV home self-testing (HST) among health care workers (HCWs). Previous studies have shown that majority of HCWs would like to test themselves for HIV; indeed many already do. The study is being conducted in 10 districts. During the first phase, FGDs/IDIs were conducted, which gave insight on the practicality of providing HST including training, logistics and the social concerns around HST. All the relevant materials have been developed and pre-tested. Phase II, for which funding is now sought, will facilitate the full implementation of the study.

Timeline: FY 2008 = Year 2 of activity Year started: FY 2007 Expected year of completion: FY 2008

Funding: Funds received to date: \$200,000 Funds expended to date: \$170,000

Funds requested to complete the study: FY 08: \$200,000 Beyond FY08: 0

Describe funds leveraged/contributed from other sources: None.

Status of Study:

 Project Advisory Committee formed. Membership comprises of NASCOP and health worker associations such as Kenya Nurses Association and others.

 Formative research conducted; a total of 161 HCWs interviewed through FGDs and IDIs. Draft report prepared.

• BCC materials and training manual drafted.

· All data collection tools drafted and pretested

 Evaluation of cell phone companies and utilities conducted; contacts and decisions made; awaiting goahead.

Lessons Learned:

High stigma among health workers deters many from seeking HIV testing even if accidentally exposed at work

· Many health workers feel they would lose respect if they are HIV positive

HCWs reported they had been neglected in provision of information

HCWs were interested in oral fluid based testing but raised many questions about sensitivity and
specificity

HCWs preferred to test themselves in privacy first before offering the HST to their spouses

HCWs would only purchase a kit if it cost Ksh 50 or less

• The management team in the facilities should be trained along with the HST counselors before the implementation of the program

· Solid and clear referral mechanisms should be laid down for the health workers who test positive

Information Dissemination Plan:

· Data interpretation workshop with PAC planned

• Once pilot completed and evaluation conducted, results will be disseminated to the PAC.

Results also to be disseminated to other stakeholders specifically HCWs through their professional
 association

Summary reports and full report to be prepared and disseminated electronically and hard copies.

Planned FY08 Activities:

In COP08, Population Council has requested funds to build on the self-test study and implement a providercentered workplace program in the ten hospitals. In half of the hospitals the HWs will be trained and supported in self-testing, and in the other half they will be trained in self-testing plus peer education and other standard workplace components adapted for health workers (indicator 6.1). It is anticipated that approximately 400 health workers will undertake self-testing and so know their results (indicators 6.2 and 6.3). These models will build on lessons from a similar initiative implemented by Population Council in Zambia, which was associated with an increase in HIV status awareness among hospital staff. The two approaches will be compared after 10 months, by providing technical assistance to each of the ten hospitals to undertake strategic information activities (indicator 11.1).

Budget Justification for FY2008 Budget (USD): Salaries/ fringe benefits: \$80,000 Equipment: \$20,000 Supplies (including office space): \$30,000 Travel: \$10,000 Participant Incentives: \$ -Laboratory Testing: \$ -Other (research costs) \$60,000 Total: \$200,000 New/Continuing Activity: New Activity Continuing Activity: Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 182.08 Prime Partner: Population Council Funding Source: GHCS (State) Budget Code: HVCT Activity ID: 17854.08 Activity System ID: 17854 Mechanism: Horizons USG Agency: U.S. Agency for International Development Program Area: Counseling and Testing Program Area Code: 09 Planned Funds: \$200,000

Activity Narrative: PHE CONTINUING STUDY:

Project Title: Feasibility of integrating alcohol risk reduction counseling into Provider-Initiated Counseling and Testing

Name of Local Co- Investigator: Population Council - Horizons, Liverpool VCT and SAPTA

Project Description:

This operations research project is piloting the feasibility of integrating alcohol risk reduction education and counseling into VCT service provision. It started with a baseline survey in June 2006 in eight districts in Kenya. The survey documented that VCT providers were ill-prepared to address alcohol risk reduction with their clients. The intervention comprised of training 30 VCT counselors to formally address clients' alcohol use. All VCT clients are currently screened for alcohol use, offered a Brief Intervention and offered appropriate referrals. 4000 such clients have already been screened. Existing posters and brochures on alcohol were distributed. The follow-up evaluation survey is currently ongoing.

Timeline: FY 2008 = Year 3 of activity Year started: 2005 Expected year of completion: 2008

Funding: Funds received to date: \$150,000 Funds expended to date: \$150,000

Funds requested to complete the study: FY 08: \$200,000 Beyond FY08: \$200,000, to hand over to NASCOP for integration into national CT guidelines

Describe funds leveraged/contributed from other sources: None.

Status of Study: Follow up data collection currently ongoing; expected to end July 31, 2007

Lessons Learned:

Baseline finding s documented that 1 in 3 male VCT clients are drinkers and 67% are hazardous drinkers as assessed by WHO AUDIT scale. Regression analysis shows that both male and female drinkers are several times more likely to be sexually active as non-drinkers, more likely to have multiple partners, more likely to have violent relationships and no more likely to use condoms. Put together, this paints a picture of potent transmitters of HIV.

Information Dissemination Plan:

Data interpretation meeting, reports, research updates and summaries; national dissemination August 29, 2007

Planned FY08 Activities:

Population Council has received funds for expanding alcohol risk reduction training to 15 additional sites. During COP 08, Population Council would like to assess the alcohol use profile of patients receiving provider-initiated counseling and testing. During 2005, Population Council will also support NASCOP and Liverpool VCT to scale up and integrate program into national guidelines

Budget Justification for FY2008 Budget (USD):

Salaries/ fringe benefits: \$51,000 Equipment: \$ -Supplies/office costs: \$9,000 Travel: (Local)\$3,000 Participant Incentives: \$ -Laboratory Testing: \$ -Other: (Research and subcontracts)\$80,000 Indirect \$57,000 Total: \$200,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17636, 14969

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17636	17636.08	6990	182.08	Horizons	Population Council	\$100,000
14969	9052.08	6990	182.08	Horizons	Population Council	\$100,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Nairobi

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 210.08

Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State) Budget Code: HVCT Activity ID: 17876.08 Activity System ID: 17876 Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Counseling and Testing Program Area Code: 09 Planned Funds: \$300,000

Activity Narrative: PHE CONTINUING STUDY:

Project Title:

CT Service Delivery Evaluation and Social Outcomes Assessment in Comprehensive Package Study in the DSS

Name of Local Co- Investigators: Kenya Medical Research Institute and CDC-Kenya staff

Project Description:

This project evaluates two main questions 1) the uptake and cost-effectiveness of provision of door-to-door HIV VCT and 2) the social outcomes of home-based testing (including gender-based violence and relationship-strengthening, stigma and stigma reduction) in a population with near universal access to HIV VCT. These questions will be investigated within the comprehensive package study (CPS) in the demographic surveillance study area in Western Kenya. The CPS is a population-based randomized trial designed to test the effectiveness of HIV prevention, care, and treatment service delivery models in reducing all-cause and HIV-related mortality and HIV incidence in a high-HIV prevalence area of rural Kenya.

Timeline: FY 2008 = Year 2 of activity Year started: '07 SI Plus up funding; so beginning late in '07. Expected year of completion: 2010

Funding: Funds received to date: \$0 Funds expended to date: \$0

Funds requested to complete the study: FY 08: \$300,000 Beyond FY08: \$150,000 for FY'09

Describe funds leveraged/contributed from other sources:

This PHE is nested in the larger Comprehensive Package Study which is also supported by other PEPFAR-Kenya program areas. In addition, the CPS leverages the DSS which is jointly supported by several CDC Divisions through KEMRI. Through this platform, we are able to use rigorous methods to address our CT program and policy questions and obtain population-level impact data at very low cost. In addition, 85,000 people will benefit from comprehensive HIV prevention, care and treatment services as part of this study.

Status of Study:

A protocol has been drafted and is being reviewed by MOH, KEMRI, CDC and other collaborators. Staffing plans and SOPs are currently being drafted. As soon as '07 Plus-Up Funding becomes available and IRB approval is finalized, baseline study implementation as well as service delivery, including home-based VCT for the whole study population, will begin.

Lessons Learned: N/A at this time

Information Dissemination Plan:

Results will be disseminated through the CT Technical Working Group at the national level as well as through regional MOH meetings. In addition, we will share results with PEPFAR implementing partners as well as the PEPFAR USG Kenya team.

Planned FY08 Activities:

During FY08, service delivery and evaluation will continue until the entire study population of Gem has been covered. During FY08, analysis of baseline data will allow for completion of question 1 above, e.g. a comprehensive assessment of effectiveness of the home-based VCT service delivery in this rural Nyanza population. Results will be disseminated and used to inform national policy and scale-up plans as well as PEPFAR '09 planning.

Budget Justification for FY2008 Budget (USD):

efits: \$105,000
\$20,000
\$70,000
\$30,000
es:\$ -
\$75,000
\$ -
\$300,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Pregnant women
Discordant Couples
People Living with HIV / AIDS

Coverage Areas

Nyanza

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7792.08 Prime Partner: Christian Reformed World Relief Committee

Funding Source: Central GHCS (State)

Budget Code: HVCT

Activity ID: 17553.08

Activity System ID: 17553

Mechanism: New Partners Initiative USG Agency: U.S. Agency for International Development Program Area: Counseling and Testing Program Area Code: 09 Planned Funds: \$0

Activity Narrative: THIS IS A NEW ACTIVITY.

1. LIST OF RELATED ACTIVITIES

CRWRC's activities in the program area of counseling and testing are closely related and overlap to a great degree with CRWRC's activities in the PMTCT program area. The husbands and partners of pregnant women who receive PMTCT services will be strongly encouraged to also be tested in order to know their HIV status.

2. ACTIVITY DESCRIPTION.

In partnership with three faith-based organizations in Kenya, Christian Reformed World Relief Committee (CRWRC) will equip 24 health facilities during FY 2008 to provide HIV counseling and testing services in 11 districts of Kenya. These health facilities will be selected based on a review of existing health facility assessment data and with the intention of filling service gaps.

The selected health facilities will be refurbished and/or equipped in ways that may include purchasing of test kits; repair of roofing; reconnecting water; fixing gutters for rain water collection; and acquisition of examination room tables, chairs, charts, scales, HIV/AIDS reference manuals, posters, and other similar supplies.

At least 26 health workers from these health facilities will be trained together at a central location by certified Ministry of Health (MOH) trainers using Kenya's National Guidelines for CT training. After the training, the health workers will receive ongoing supervision from district-level MOH officers.

An additional 410 religious and community-based volunteers will be trained to provide HIV counseling in the communities. This training will be provided through a five-day intensive course offered by the Kenya Institute of Professional Counselors. The role of volunteers will be to encourage people to be tested, to link them to services, and to provide counseling follow-up to them after they have received their results. A barrier analysis will be used to tailor the behavior change activities and messages to the men and women most in need of being tested.

At least 4,500 individuals will receive counseling and testing from health facilities operated directly by CRWRC's local partners. Another 2,250 individuals will be referred to other health facilities for counseling and testing.

3. CONTRIBUTIONS TO OVERALL PROGRAM

CRWRC's activities in this program area will contribute toward the Emergency Plan 5-year objectives of preventing 7 million new infections and providing care to 10 million who are infected with or affected by HIV/AIDS. By being tested for HIV and receiving follow-up counseling, individuals who are HIV-positive will be encouraged to adopt behaviors that will help them to prevent infecting others. They will also be linked to treatment (if needed). Once an individual is identified as being HIV-positive, it will be possible to enroll that person in a program to receive palliative care and to enroll children in their household in an OVC support program. By filling service gaps through mobile VCT clinics and refurbishing and equipping existing health facilities, CRWRC and its partners will improve access to HIV testing services to people living in remote rural areas that are underserved.

4. LINKS TO OTHER ACTIVITIES

The program intends to establish linkages with the existing health facilities to facilitate provision of VCT as well as provide new VCT services to those without access to health facilities through mobile clinics. Additional referral linkages will be established with other HIV/AIDS services providers in the target area, including facilities where ARV treatment can be accessed.

5. POPULATIONS BEING TARGETED

In partnership with three faith-based organizations in Kenya, CRWRC will scale up voluntary counseling and testing services in all eight districts of the Western Province, Kitui and Mwingi districts in Eastern Province, and Uasin Gishu district in Rift Valley Province.

Improved and expanded VCT services will be made available to all categories of the community encompassing the male and female youth aged 15-24; women of reproductive age (aged 15-45); sexually active adult couples (ages 25 and over); orphans and vulnerable children (ages 0-17); and families and communities affected by HIV/AIDS. The religious and community-based volunteers who have been trained to provide HIV counseling services will be instrumental in identifying people who do not know their HIV status and encouraging them to be tested.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues are included in the emphasis areas described in section 7 below.

7. EMPHASIS AREAS

CRWRC and its partners will address gender in the VCT program area by focusing on male norms and behaviors regarding HIV counseling and testing. CRWRC and its partners will also focus on human capacity development through in-service training of clinic-based health workers in counseling and testing for men and women. CRWRC and its partners will also work with health facility workers and community health volunteers to develop a health worker and volunteer retention strategy. Other emphasis areas to be addressed by this program area include CRWRC's on-going local organization capacity building of the three partner organizations and coordination of the local partners' health management information system for tracking referrals of HIV+ men and women for ARV treatment. This program is funded by the New Partner Initiative.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17536	17536.08	7792	7792.08	New Partners Initiative	Christian Reformed World Relief Committee	\$0
17558	17558.08	7792	7792.08	New Partners Initiative	Christian Reformed World Relief Committee	\$0
17557	17557.08	7792	7792.08	New Partners Initiative	Christian Reformed World Relief Committee	\$0

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

- * Training
- *** In-Service Training
- * Retention strategy

Local Organization Capacity Building

New Partner Initiative (NPI)

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	24	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	26	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	4,500	False

Target Populations

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
Orphans and vulnerable children	
Pregnant women	
Discordant Couples	
People Living with HIV / AIDS	
Religious Leaders	

Coverage Areas	
Eastern	
Rift Valley	
Western	

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 9253.08 Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HVCT

Mechanism: APHIA II - Nairobi

USG Agency: U.S. Agency for International Development

Program Area: Counseling and Testing

Program Area Code: 09

Activity System ID: 21433

Activity Narrative: Updated August 2008 reprogramming.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1246.08

Prime Partner: Kenya Medical Research Institute

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 21483.08

Activity System ID: 21483

Activity Narrative: updated August 2008 reprogramming

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Mechanism: Uniformed Services Project

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$100,000

Table 3.3.09: Activities by Funding Mechansim

5.3.09. Activities	Dy	Funding	wechansin	

Mechanism ID: 9380.08 Prime Partner: Kenya Medical Research Institute

Funding Source: GAP

Budget Code: HVCT

Activity ID: 21632.08

Activity System ID: 21632

Activity Narrative: updated August 2008 reprogramming.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Counseling and Testing Program Area Code: 09

Planned Funds: \$1,000,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 303.08 Prime Partner: University of Nairobi Funding Source: GHCS (State) Budget Code: HVCT Activity ID: 19435.08 Activity System ID: 19435 Activity Narrative: HQ Technical Area: New/Continuing Activity: New Activity Continuing Activity: Related Activity: Mechanism: Department of Obstetrics and Gynecology USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Counseling and Testing Program Area Code: 09 Planned Funds: \$50,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3672.08 Prime Partner: Columbia University Mailman School of Public Health Funding Source: GHCS (State) Budget Code: HVCT Activity ID: 19410.08 Activity System ID: 19410 Activity Narrative: HQ Technical Area: New/Continuing Activity: New Activity Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Counseling and Testing Program Area Code: 09 Planned Funds: \$200,000

Table 3.3.09: Activities by Funding Mechansim

Continuing Activity: Related Activity:

> Mechanism ID: 288.08 Prime Partner: University of California at San Francisco Funding Source: GHCS (State) Budget Code: HVCT Activity ID: 19411.08

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Counseling and Testing Program Area Code: 09 Planned Funds: \$100,000

Mechanism: N/A

Activity System ID: 19411

Activity Narrative:

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:4076.08Mechanism:N/APrime Partner:US Centers for Disease
Control and PreventionUSG Agency:HHS/Centers for Disease
Control & PreventionFunding Source:GHCS (State)Program Area:Counseling and TestingBudget Code:HVCTProgram Area Code:09Activity ID:18039.08Planned Funds:\$25,000Activity System ID:18039District of the base of the b

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED, BUT THIS YEAR'S CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHAI.

Other changes:

+ two additional personnel will be hired in FY 08. One will support counseling and testing in health facilities, while the other will support home-based counseling and testing. These two new CT approaches are expected to grow rapidly in FY 08 and this will need strong, regular technical support. Although these personnel will be based in CDC, they will be available for the entire US government team in Kenya.

1.LIST OF RELATED ACTIVITIES

This activity relates to all activities in the Counseling and Testing program area.

2.ACTIVITY DESCRIPTION

HIV Counseling and Testing (CT) has a central role in both prevention and treatment of HIV infection. With support from CDC and other partners, Kenya has achieved great success in implementing Voluntary Counseling and Testing since 2000. Recent scale up of ART services in the country, made possible largely through Presidential Emergency Fund, now means that CT clients found to be HIV+ can be readily referred for care and treatment services. But these emerging care opportunities are not fully utilized because majority of Kenyans (86%) don't know their HIV status and yet knowledge of status is the entry point to comprehensive HIV/AIDS care. Personal knowledge of HIV status is a priority intervention in the Kenya 5 Year Strategy, and increasing access to CT services continues to be a high priority for the Emergency Plan in Kenya. During FY 2008 CDC will continue to work with government of Kenya and non-governmental partners to promote CT in both clinical and non clinical settings including STI clinics, TB clinics, medical and pediatric wards, antenatal clinics as well as integrated, stand alone and mobile VCT sites. In FY 2008 there will be an effort to encourage the government and other partners to implement home based VCT, especially in high prevalence regions, as this will lead to the identification of many patients who would benefit from care and treatment. The CDC Kenya's multidisciplinary CT team will continue to provide technical guidance for these activities. This technical support involves consolidating and disseminating the most up-to-date technical information relating to CT, working with the government of Kenya to ensure that policies relating to CT are appropriate and technically sound and monitoring CT activities of local partners to ensure adherence to national and international standards. Technical activities of the CT team also involves collecting and analyzing performance information to track progress toward planned results; using performance information to inform program decision-making and resource allocation; and communicating results achieved. The CDC CT team has three technical staff and one program assistant working in CT on full-time basis in CDC's Nairobi office. The technical staff includes a medical officer with expertise in both VCT and CT in medical settings, a counselor who works directly with the counseling staff of implementing partners and a mobile VCT coordinator who works with local partners to deliver mobile VCT services. In addition to these, there is a new technical advisor position to provide technical guidance to VCT and CT partners in Nyanza province, the part of Kenya with the highest HIV prevalence and the principal geographic focus area for CDC Kenya. The program assistant is engaged in a variety of tasks to support the technical team, such as reviewing and assembling training curricula and other technical materials, organizing training programs, and other duties to support the technical work of the CT staff. This team will be supported by seven locally employed regular drivers whose work is devoted to supporting CT activities. Four drivers will drive mobile VCT trucks operated by CDC to address CT needs of remote Kenyan communities; these vehicles have been purchased with Emergency Plan funds in previous fiscal years. The other drivers will enable the technical staff to conduct regular field visits and technical supervision. The total proposed CT management budget for FY 2008 is US\$ 700,000.

HQ Technical Area: New/Continuing Activity: New Activity Continuing Activity: Related Activity:

HTXD - ARV Drugs	
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10

Total Planned Funding for Program Area: \$110,900,000

Percent of Total Funding Planned for Drug Procurement	89%
Amount of Funding Planned for Pediatric AIDS	\$10,550,000
Estimated PEPFAR contribution in dollars	\$950,000
Estimated local PPP contribution in dollars	\$1,700,000

Program Area Context:

HTXD Program Narrative COP 2008

Key Result 1: Sufficient quantities of ARV drugs procured to support treatment for 160,000 people, including 8,000 children.

Key Result 2: Public sector commodity forecasting, procurement and distribution systems strengthened to ensure uninterrupted supplies of critical HIV commodities.

Key Result 3: Drug quality monitoring by National Quality Control Laboratory strengthened.

Key Result 4: Resources from other donors and Government of Kenya leveraged to expand HIV treatment to national scale.

CURRENT PROGRAM CONTEXT AND STATISTICS

Over the past four years, pharmaceutical logistics management systems in Kenya have steadily improved. No antiretroviral (ARV) stock-out has been experienced, despite the rapid scale-up in treatment services. Public sector reporting rates for ARV commodities have improved in terms of timeliness and completeness of the reports. Monthly reporting rates on ARV consumption by Emergency Plan (EP) provided and public sector supplies has been 100% and 80% respectively, as re-supply's based on actual consumption data reported by sites. Improved reporting rates have been achieved by use of computerized drug dispensing tools now available in over 90 antiretroviral treatment (ART) centers, accompanied by regular training in rational selection, use, and storage. Over the past year, an average of 5,500 new patients were started on ART every month, 10% of whom were children.

Since the EP ART was initiated, the majority of ARV commodity procurement for EP-supported partners has been through a contract with the Mission for Essential Drugs and Supplies (MEDS), an FBO that supports a network of mission, NGO, public, and small community health care facilities. Columbia University, Catholic Relief Services (CRS), and the Kenya Medical Research Institute (KEMRI) have also procured limited quantities of ARVs. MEDS maintains a central receiving warehouse that has significantly expanded its capacity for storage, sorting, and packaging operations with EP support. It maintains a well-developed quality assurance system that includes site visits to pharmaceutical manufacturers and other suppliers and on-site chemical analysis capability to assess the quality of received products. MEDS operates a zonal transportation system for product delivery, which ensures quick turn-around times for site ARV orders.

In partnership with Management Systems for Health / Rational Pharmaceutical Management Plus Project (MSH/RPM+), NASCOP, and the EP team, MEDS has been responsible for accurate forecasting, quantification, procurement, storage, and distribution of EP-purchased ARVs. Due to its well-established supplier relationships, coupled with an elaborate distribution infrastructure, MEDS has ensured no stock-outs in ARVs, and drugs are received at treatment sites within five days of order. By June 2007, MEDS supplied ARVs directly to 278 of 314 ART sites, 60% of which were Government of Kenya (GOK) facilities. A number of these facilities also received MEDS-supplied ARVs for more efficacious PMTCT regimens. As of September 2007, approximately 150,000 Kenyans are on ARVs and over 76,000 are on EP-purchased ARVs.

The public sector counterpart to MEDS is the Kenya Medical Supplies Agency (KEMSA), which has been a key EP partner for HIV -related commodities. KEMSA distributes HIV test kits, laboratory reagents, opportunistic infections drugs, and ARVs purchased with Global Fund (GFATM) and GOK resources.

Two major technical partners have collaborated with the EP team to support these activities in the past: JSI DELIVER and MSH/RPM+. Since JSI/DELIVER ended in September 2006, MSH/RPM+ has been the major technical partner to both KEMSA and MEDS, and in the coming year the Supply Chain Management System (SCMS) will play a greater role in capacity building at KEMSA. Both work in a coordinated fashion to assist government with policy development for drug procurement, distribution and strengthening of the drug logistic management information systems (LMIS). RPM+ has been a key partner in the development of the National Drug Policy, as well as capacity building for EP treatment partners in rational drug selection, storage, and use. RPM+ also works with the National Quality Control Laboratory to strengthen its capacity and RPM+ has been a key technical partner in development and dissemination of ART dispensing tools, pharmaceutical and laboratory Standard Operating Procedures (SOPs), inventory management, as well as ARV commodity tracking for both EP and the public sector.

In 2007, through the EP, Kenya has continued to purchase more USFDA-approved generic ARVs, and achieved cost savings on a number of ARV formulations. These cost savings enabled the purchase of a pipeline of drugs that can support 130,000 patients, and the dollar value of generic ARVs accounted for 60% of the drug budget.

SERVICES

In 2008, we will purchase more USFDA-approved generic ARVs, especially fixed-dose combinations (FDCs). FDCs will simplify procurement, quantification, reduce pill burden for patients, and promote better adherence. FDC use in EP-supported programs will closely mirror formulations already available in public sector facilities from GF and GOK resources. GOK procured ARVs for 24,000 patients in 2007, and the EP will work closely with the MOH to ensure an expanding allocation to ARV drug procurement continues in future GOK budgets. In 2008, the Clinton Foundation (CF) will purchase ARVs for 20,000 children, as well as second-line ARVs for both adults and children, easing pressure on EP resources and enabling enrollment of more new patients.

In 2008, a new bilateral ARV procurement contract will be awarded through a solicitation process already underway. The contractor will distribute ARVs procured under the EP and strengthen KEMSA to improve the distribution of drugs purchased by GOK and GF. A small fraction of drug procurement funds are allocated to CDC's Cooperative Agreements with KEMRI and Columbia University to provide flexibility for contingencies.

RPM+ will continue to work directly with KEMSA and its staff at the Logistics Management Unit (LMU). This includes managing the LMIS system of parallel commodities. RPM+ will maintain the database and help distribute reports to relevant MOH Divisions and agencies on stock status. The LMU will gradually transition to KEMSA, and this will entail expansion of the LMIS database to include all products warehoused and distributed by KEMSA, finalization of the LMIS user manual, training KEMSA and users from MOH departments (NASCOP, KEPI, RH, NLTP and essential drug programs) on LMIS use, and implementing facility-level forms and tools for recording and summarizing commodity usage data. With Millennium Challenge Corporation funding, SCMS will strengthen procurement and distribution systems within KEMSA in 2008. EP funds through SCMS will leverage these resources that became available to Kenya in the past year

WORK OF HOST GOVERNMENT AND OTHER IMPLEMENTING PARTNERS

Well-developed systems for drug registration exist in Kenya; however post-market surveillance is weak, although improving. The capacity of the National Quality Control Laboratory is limited by resources available. Ongoing and expanded activities proposed in the 2008 COP will broadly support improvement in pharmaceutical management and pharmaco-vigilance in Kenya.

The other significant partner in ARV purchase is MSF/Doctors without Borders, who currently support ARVs for 12,000 patients.

OUTSTANDING CHALLENGES AND GAPS

While dual drug sources impose additional reporting burdens on treatment sites, dual supply is considered advantageous in preventing treatment interruptions. Efforts will be made to fully standardize reporting while maintaining the "safety net" of dual sources.

Failure to maintain timely and accurate reporting has compromised Kenya's ability to make optimal use of drug donation programs. In 2008, assistance will be provided to NASCOP to address this problem.

The greatest challenge remains limited resources from other non-EP sources for purchase of ARV commodities. ART scale-up from GOK and GF sources was temporarily halted at 42,500 patients for whom the GOK has assured ARV supply until December 2008, but GOK has taken steps to procure ARVs for an additional 24,000 patients from its own resources. According to the Five-Year EP strategy, we had committed to purchase ARVs for 130,000 patients in 2007, with the expectation that the GOK/GF and other donors would match this target. With resources from CF, EP can purchase ARVs for 160,000 patients in 2008, and will continue to support the efforts of GOK to allocate more of its own resources to purchase ARV commodities so national targets may be reached.

Program Area Downstream Targets:

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 3670.08 Mechanism: N/A Prime Partner: Catholic Relief Services USG Agency: HHS/Health Resources Services Administration Funding Source: GHCS (State) Program Area: HIV/AIDS Treatment/ARV Drugs Budget Code: HTXD Program Area Code: 10 Planned Funds: \$500,000 Activity ID: 19894.08 Activity System ID: 19894 Activity Narrative: Partner to provide additional ARV drugs in anticipation of emergency shortages. HQ Technical Area: New/Continuing Activity: New Activity **Continuing Activity: Related Activity:**

Table 3.3.10: Activities by Funding Mechansim

by running moonand				
Mechanism ID:	3672.08	Mechanism:	N/A	
Prime Partner:	Columbia University Mailman School of Public Health	USG Agency:	HHS/Centers for Disease Control & Prevention	
Funding Source:	GHCS (State)	Program Area:	HIV/AIDS Treatment/ARV Drugs	
Budget Code:	HTXD	Program Area Code:	10	
Activity ID:	16460.08	Planned Funds:	\$2,000,000	
Activity System ID:	16460			
Activity Narrative:	1. LIST OF RELATED ACTIVITIES This activity relates to activities in ARV Drugs	and ARV Services.		
	forecasting and procurement of additional dru- major partners – Mission competitive procure Pharmaceutical Management Plus (MSH/RPI and distribution of pharmaceuticals nationally country, these major partners are primarily re with Emergency Plan funds. This alternate pr	VITY DESCRIPTION ia University's International Centre for AIDS Care and Treatment (CU-ICAP) will assist with ing and procurement of additional drugs needed to treat 160,000 Kenyans with ARVs. Two other artners – Mission competitive procurement/TBD, Management Systems for Health/Rational ceutical Management Plus (MSH/RPM Plus) will maintain primary responsibility for procurement ribution of pharmaceuticals nationally and under the Emergency Plan. Together with USG staff in these major partners are primarily responsible for quantification and tracking for ARVs procured ergency Plan funds. This alternate procurement mechanism through CU-ICAP and KEMRI will allow exibility that will help to continue to avoid stock outs and treatment interruptions.		
	b. CONTRIBUTIONS TO OVERALL PROGRAM AREA These activities are essential to maintaining a full and uninterrupted supply of HIV/AIDS related wharmaceuticals and commodities.			
	4. LINKS TO OTHER ACTIVITIES These activities will coordinate with other par Procurement/TBD, KEMSA, MEDS, MSH/RP ARV services program area.			
	5. POPULATIONS BEING TARGETED This activity targets men, women, and childre	en with HIV.		
	6. EMPHASIS AREAS This activity includes a major emphasis in cor	nmodity procurement.		
HQ Technical Area:				

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14924	4209.08	6976	390.08	SPS	Management Sciences for Health	\$4,000,000
14910	5008.08	6969	1242.08		Kenya Medical Supplies Agency	\$950,000
14881	4093.08	6964	210.08		Kenya Medical Research Institute	\$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

Children (under 5) Boys Children (under 5) Girls Children (5-9) Boys Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Men People Living with HIV / AIDS	General population	
Children (under 5) Girls Children (5-9) Boys Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Men	Children (under 5)	
Girls Children (5-9) Boys Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Adults (25 and over) Men Adults (25 and over) Women Adults (25 and over) Women Churdits (25 and over) Women Adults (25 and over) Women	Boys	
Children (5-9) Boys Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Men Adults (25 and over) Men Adults (25 and over) Men Chure	Children (under 5)	
Boys Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women	Girls	
Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women	Children (5-9)	
Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women Adults (25 and over) Women Adults (25 and over) Women	Boys	
Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women	Children (5-9)	
Boys Ages 10-14 Girls Ages 15-24 Men Adges 15-24 Women Adults (25 and over) Men Adults (25 and over) Women	Girls	
Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women	Ages 10-14	
Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women Other	Boys	
Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women Other	Ages 10-14	
MenAges 15-24WomenAdults (25 and over)MenAdults (25 and over)Women Other	Girls	
Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women Other	Ages 15-24	
Women Adults (25 and over) Men Adults (25 and over) Women Other	Men	
Adults (25 and over) Men Adults (25 and over) Women Other	Ages 15-24	
Men Adults (25 and over) Women Other	Women	
Adults (25 and over) Women Other	Adults (25 and over)	
Women Other	Men	
Other	Adults (25 and over)	
	Women	
People Living with HIV / AIDS	Other	
	People Living with HIV / AIDS	

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 210.08

Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 4093.08

Activity System ID: 14881

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: HIV/AIDS Treatment/ARV Drugs Program Area Code: 10 Planned Funds: \$0

Mechanism: N/A

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Drugs (#6997, #6989, #6969) and ARV Services (#6945, #7004).

2. ACTIVITY DESCRIPTION

The Kenya Medical Research Institute (KEMRI) will assist with forecasting and procurement of additional drugs needed to treat 160,000 Kenyans with ARVs. Two other major partners - Mission for Essential Drugs and Supplies, Management Systems for Health/Rational Pharmaceutical Management Plus (MSH/RPM Plus) will maintain primary responsibility for procurement and distribution of pharmaceuticals nationally and under the Emergency Plan. Together with USG staff in country, these major partners are primarily responsible for quantification and tracking for ARVs procured with Emergency Plan funds. This alternate procurement mechanism through KEMRI will allows some flexibility that will help to continue to avoid stock outs and treatment interruptions.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities are essential to maintaining a full and uninterrupted supply of HIV/AIDS related pharmaceuticals and commodities.

4. LINKS TO OTHER ACTIVITIES

These activities will coordinate with other partners involved in ARV drugs, KEMSA, MEDS, MSH/RPM Plus, and complement and link with all activities listed in the ARV services program area.

5. POPULATIONS BEING TARGETED This activity targets men, women, and children with HIV.

6. EMPHASIS AREAS

This activity includes a major emphasis in commodity procurement.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6947

Related Activity: 14910, 14924, 14711, 16460

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6947	4093.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	4246	210.07		\$800,000
4093	4093.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3201	210.06		\$450,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14924	4209.08	6976	390.08	SPS	Management Sciences for Health	\$4,000,000
14910	5008.08	6969	1242.08		Kenya Medical Supplies Agency	\$950,000
16460	16460.08	6940	3672.08		Columbia University Mailman School of Public Health	\$2,000,000

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 390.08

Prime Partner: Management Sciences for Health Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 4209.08

Activity System ID: 14924

USG Agency: U.S. Agency for International Development Program Area: HIV/AIDS Treatment/ARV Drugs Program Area Code: 10 Planned Funds: \$4,000,000

Mechanism: SPS

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to HLAB (#6990) and TB/HIV (#8713) services implemented by MSH/RPM+, the ARV procurement contract to be awarded by USAID through a mission competitive procurement (#6997), and HLAB (#8763), MTCT (#8757) and HVCT (#8783) activities by SCMS.

2. ACTIVITY DESCRIPTION

The USAID funded Strengthening Pharmaceutical Services Project (SPS), implemented by Management Sciences for Health (MSH) will do forecasting and quantification of antiretroviral drugs and other pharmaceuticals, as well manage logistics management information (LMIS) systems to track procurement, warehousing, and distribution of these commodities. Specifically, SPS will continue to support overall ART and other HIV/AIDS-related medical and pharmaceutical commodity supply requests from Emergency Plan partners, institutions, and assist the USAID ARV procurement contractor with appropriate procurement requests and distribution planning for ART sites. MSH/SPS will continue to assist with provision of strategic information from ART and other commodity sources including importers and manufacturers. At the national level, SPS will provide technical assistance in commodity management to the USAID ARV procurement contractor, KEMSA, NASCOP and the Department of Pharmaceutical Services to strengthen commodity supply chain systems supporting ART and other medical and pharmaceutical commodities related to HIV/AIDS. To assist in capacity building for commodity management, SPS will continue to implement curricula for training ART healthcare workers at all levels of care. SPS will also strengthen systems by developing and applying Standard Operating Procedures for commodity management tools. In the 2008 COP implementation period, SPS will continue to work directly with KEMSA and its staff at the Logistics Management Unit (LMU) in order to support their activities that were previously supported under the MSH/RPM+ project. This includes managing the LMIS system of parallel commodities. SPS will maintain this database and help distribute reports to relevant divisions and agencies on stock status until it is ready to be transitioned to and maintained by KEMSA. When this transition happens, it will entail: expansion of the LMIS database to include all products warehoused and distributed by KEMSA, finalization of the LMIS user manual, training KEMSA and users from MOH departments (NASCOP, KEPI, RH, NLTP and essential drug programs) on how to use the LMIS and implementing facility based forms and tools for recording and summarizing commodity usage data. This component is part of the continued development of the national medical and pharmaceutical supply chain system that distributes ARVs and other medical and pharmaceutical commodities from the national warehouses to district warehouses and points of service. Over 400 points of service - public, private, mission and NGO are served by this system. SPS will work with key partners to update product selection according to MOH standard treatment guidelines, verify registration status, quantify requirements and update forecasts to enable uninterrupted procurement. The LMIS system will enable timely and accurate collection and reporting of ARV drug and other commodities to the National AIDS and STD Control Program (NASCOP), KEMSA, the new USAID ARV procurement contractor, divisions of the MOH, and other partners. These integrated activities will be jointly funded with non-HIV/AIDS funds to support the entire national procurement and distribution system, with a key emphasis on reliable distribution of HIV/AIDS commodities down to the "last mile." Key partners with whom SPS will work include: KEMSA, the Kenya Government organization responsible for procuring and distributing medical supplies to government facilities and currently responsible for distribution of all pharmaceuticals procured with resources from the Government of Kenya and the Global Fund, the Supply Chain Management System contract (SCMS), the major procurement and distribution partner of PEPFAR, the National AIDS and STD Control Program (NASCOP), the program with overall responsibility for management of the GOK program; the Mission for Essential Drugs (MEDS), a key distribution agent serving the NGO community with ARV drugs. SPS will also work with the Department of Pharmaceutical Services and its institutions to support the policy and practice reform agenda aimed at strengthening national skills and capacity in commodity selection, quantification, procurement, distribution, quality assurance and appropriate use of commodities needed for the treatment and care of PLWHA. SPS will also support activities by the pharmacy professional associations, the NGO/private sector aimed at improving access and use of ARVs and other medicines in support of the national ART programme. These will include implementation of the revised National Drug Policy to include components supportive of the provision of effective ART commodity management services; preparation of the national strategic plan to guide the pharmaceutical sub-sector; implementation of the Strategic Plan for Pharmaceuticals services, support to stakeholders in the development and dissemination of various ART policy guidelines; and advocacy for linkages between the Department of Pharmaceutical Services, NASCOP, PPB, KEMSA, NQCL in cross-cutting issues such pharmaco-vigilance, ART drug procurement and Quality Assurance. At site level, SPS will continue to provide technical assistance in the development and adaptation of SOPs and forms: use of inventory management tools for patient medication counseling for adherence; commodity management M&E systems, including Drug Utilization Reviews (DUR); the design and implementation of ART Drug Management Information Systems; and training and monitoring for performance improvement at site level employing the MTP methodology.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will support forecasting, procurement and tracking of supplies of antiretroviral drugs and other pharmaceuticals for at least 160,000 people. It will also help establish a sustainable national supply chain system capable of managing medical and pharmaceutical supplies in proportion to the national epidemic.

4. POPULATIONS TARGETTED

The main populations targeted are people living with HIV/AIDS, health workers in both the public and private sector, and MOH policymakers and managers.

5. EMPHASIS AREAS

The major emphasis area is commodity procurement. Minor emphasis areas are logistics, QA/QI/SS, Strategic Information, and Training.

Continuing Activity: 6989

Related Activity: 14709, 14910

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20232	4209.20232. 09	U.S. Agency for International Development	Management Sciences for Health	8995	390.09	SPS	\$2,000,000
6989	4209.07	U.S. Agency for International Development	Management Sciences for Health	4260	390.07	RPM/PLUS	\$3,200,000
4209	4209.06	U.S. Agency for International Development	Management Sciences for Health	3243	390.06	RPM/PLUS	\$1,800,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14910	5008.08	6969	1242.08		Kenya Medical Supplies Agency	\$950,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	1242.08	Mechanism:	N/A
Prime Partner:	Kenya Medical Supplies Agency	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)	Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD	Program Area Code:	10
Activity ID:	5008.08	Planned Funds:	\$950,000
Activity System ID:	14910		

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Other/Policy and System Strengthening (#8401)Laboratory Infrastructure (#6990, #8763), HIV/TB (#8713), MTCT (#8757) and HVCT (#8783).

2. ACTIVITY DESCRIPTION

This activity aims to improve the capacity of the Kenya Medical Supplies Agency (KEMSA) in the procurement, warehousing, distribution, management and reporting of public sector anti-retroviral drugs, as well as other medical and pharmaceutical commodities related to HIV/AIDS. KEMSA is the government of Kenya public sector health commodities supply agent involved in ensuring the delivery of all health commodities including ARVs to public sector health institutions. In the fall of 2006, USAID supported an independent evaluation of KEMSA, and supported an MOH assessment of the MOH procurement system; both were to help inform the Ministry of Health (MOH) to develop a new procurement policy. This new policy is currently being finalized and will decide the role of KEMSA relative to other arms of the Ministry of Health in procurement. This activity will assist KEMSA continue to develop its role in procurement, warehousing, distribution, and information management in line with the new MOH policy. The nature of this assistance is in short and medium-term consultancies to implement their business plan, and strengthen identified weak areas. One of the major areas for improvement is in information management, and in monitoring and evaluation of distribution at the "last mile" to make sure that reports are returned to the district warehouse in order to fully implement a "pull" commodity system. Another challenge is managing the increasingly complex distribution schedule which includes increased numbers of commodities related to HIV/AIDS, and a mandate to deliver to points of service rather than district warehouses for some commodities. As a result, the warehouse is often overflowing, as trucks cannot make distributions fast enough. In 2007 the SCMS contract started to procure commodities on a large scale for the PEPFAR program, and will distribute most of them through the KEMSA system. This support will ensure that these commodities are tracked and distributed in a timely manner and with the required reporting. This support will go directly to KEMSA to hire short and medium-term logistics consultants or staff experts in areas of greatest need. It may also contribute to minor renovations and computer equipment as necessary. MCC resources are leveraged in the KEMSA PEPFAR support.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will contribute to improving the public sector medical and pharmaceutical supply chain system for ARVs and other HIV/AIDS-related commodities.

4. LINKS TO OTHER ACTIVITIES

This activity links to other KEMSA support in Other/Policy and System Strengthening (#8401), MSH/SPS activities in Laboratory Infrastructure, and HIV/TB, and SCMS activities in Laboratory Infrastructure (#8763), HIV/TB (#8713), MTCT (#8757) and HVCT (#8783).

5. POPULATIONS BEING TARGETED General population, people living with HIV/AIDS, and KEMSA managers.

6. EMPHASIS AREAS

The major area of emphasis is Logistics, and the minor emphasis areas are Local Organization Capacity Development and QA/QI/SS.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6969

Related Activity: 14709, 14711, 14924

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6969	5008.07	U.S. Agency for International Development	Kenya Medical Supplies Agency	4250	1242.07		\$600,000
5008	5008.06	U.S. Agency for International Development	Kenya Medical Supplies Agency	3261	1242.06		\$850,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14924	4209.08	6976	390.08	SPS	Management Sciences for Health	\$4,000,000

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership	
Estimated PEPFAR contribution in dollars	\$950,000
Estimated local PPP contribution in dollars	\$1,700,000

Target Populations	
General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
People Living with HIV / AIDS	
ITXS - ARV Services	
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS

Program Area Code:	11
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Total Planned Funding for Program Area: \$103,402,394

Amount of Funding Planned for Pediatric AIDS	\$11,155,000
Estimated PEPFAR contribution in dollars	\$200,000
Estimated local PPP contribution in dollars	\$300,000
Estimated PEPFAR dollars spent on food	\$250,000
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

HTXS Program Level Narrative COP 2008

Key Result 1: Direct antiretroviral treatment (ART) support for 240,000 people, including 30,000 children, and indirect ART support for an additional 10,000 people.

Key Result 2: Improved patient identification and care and ART referral from testing sites using the network model.

Key Result 3: ART decentralized to lower health facilities including health centers and dispensaries.

Key Result 4: Classroom and practical training in adult and pediatric ART using national training materials coordinated through the National AIDS and STD Control Programme (NASCOP).

Key Result 5: Coordination with other international health development partners for human resources, commodities, and infrastructure improvement.

Key Result 6: Continued support for critical staffing requirements to improve quality of care in HIV treatment centers.

CURRENT PROGRAM CONTEXT AND STATISTICS

Kenya has made tremendous gains in HIV care and treatment services in the last three years. Currently, over 300,000 patients access HIV care services, and the number of Kenyans receiving antiretroviral therapy (ART) increased from 24,000 in September 2004 to 150,000 in September 2007. Of 314 ART sites, 60% are Ministry of Health sites and 190 (60%) offer pediatric ART (combining to reach >10,000 children).

A longitudinal national surveillance survey conducted at 30 ART sites concluded data collection in August 2007 and data analysis is ongoing. This project will yield data indicating the proportion of adult ART patients alive and on ART at 12 and 24 months of therapy as well as the median differential of CD4+ cell count from baseline and 6-month intervals from patients. This survey will also provide data on patients who have died, stopped ART, or been lost-to-follow up. A pediatric survey planned for 2008 will provide similar information for children.

In 2008, the total number of Kenyans in care will reach 550,000, including 55,000 children. The number receiving ART will increase to ~250,000 (including 30,000 children), decentralization efforts will expand the number of ART sites to 400, and the number of pediatric ART sites will increase to 300 (75% of total). The Emergency Plan (EP) will provide direct support to over 90% of the 400 ART sites and indirect support to nearly all sites. EP funds will be used to train 2,000 health care workers on adult ART, 1,000 on pediatric ART, and continue to assist Kenya in ensuring provision of quality ART services.

SERVICES

Key 2008 program emphases include family-centered care and treatment; integrating, standardizing, and improving the quality of care and treatment service delivery; ART decentralization; continued expansion of pediatric ART; and increasing incorporation of prevention with positives (PwP) activities within ART service delivery.

ART sites will improve family centered care by increasing HIV counseling and testing for family members of enrolled patients, including children. Those found to be HIV+ will be enrolled in care and screened for ART eligibility. Another emphasis will be improving the provision of quality care and treatment services through the standardization and integration of service delivery. The 2007 basic care package will expand to all regions as described in palliative care to further improve basic services. Programs will be supported to monitor adherence, treatment failure, and defaulter tracing. M&E systems will be strengthened at facility and regional levels to increase reporting to NASCOP and PEPFAR. Quality indicators will be incorporated into routine M&E activities. Patients identified in PMTCT, OVC and TB/HIV sites will be linked to ART. ART clinics will expand TB screening among patients, while TB clinics will continue diagnostic HIV testing among TB patients and improve referral mechanisms. HIV+ children identified in OVC programs will be referred to ART sites for staging and treatment. The EP will support lab infrastructure development (sample transport networks, procurement of equipment, medical supplies and other commodities, renovations, etc.) to ensure partners meet national guidelines for clinical monitoring for HIV patients.

ART decentralization to lower-level health facilities began in 2006 and will continue in 2008, including a NASCOP priority of decentralizing ART to three health centers per district. Support will be provided to strengthen these health care delivery systems including referral mechanisms. In 2008, EP funds will continue to support regional activities such as quality assurance, clinical mentoring, and supervision based upon the network model.

PwP activities will be strengthened at care and ART sites and at the community level. Materials for health care providers piloted in 2006-2007 will be distributed nationally, and emphasis will be placed on the development/implementation of a curriculum for use in health facilities that incorporates consistent prevention messages regarding HIV status disclosure and preventing partner transmission. The EP will fund prevention within discordant couples through support services, training, and condom provision. In addition, communication and education efforts will increase knowledge about HIV discordance within care and treatment settings and strategies to decrease HIV transmission through improved ART adherence, STI screening, and family planning services.

Involvement of the community and organizations of persons living with HIV will continue at all levels through psychosocial support groups, continued linkages with the community through counseling and testing, general HIV treatment awareness activities, and wrap-around food programs and income generating activities.

EP funds will strengthen and expand pediatric diagnosis and treatment. Key emphasis will be placed on identifying the 100,000-150,000 estimated to be HIV-infected through early infant diagnosis and rapid testing through provider-initiated testing in in- and out-patient settings, and providing ART for children <5 years. Currently, over 75% of children receiving ART are >5 years. Pediatric ART will expand for children <5 years through the development of pediatric models within Maternal Child Health (MCH) and comprehensive care centers. Currently, several MCH programs are piloting ART provision for HIV positive mothers and infants. A combined maternal and child health card will identify exposed infants in the MCH, follow their status, and link HIVinfected children to pediatric care and ART. The Kenya Pediatric Association will provide additional pediatric training, attachment, and mentorship for health care workers.

Ensuring greater access to ART for women and girls will maintain its strong emphasis within the program. As of March 2007, 65% of those receiving PEPFAR-supported ART are women and significant efforts will be made to ensure this focus continues as access to ART further expands. Moreover, to reach women who have been subjected to violence, we will continue to provide post -exposure prophylaxis (PEP) to the Gender Violence Recovery Center at the Nairobi Women's Hospital.

WORK OF HOST GOVERNMENT AND OTHER IMPLEMENTING PARTNERS

NASCOP coordinates all ART activities. Global Fund resources procured ARVs and hired a limited number of clinical staff. The World Health Organization (technical support for integrated management of adult and childhood illnesses), the UK Department for International Development (training, ART communication, and infrastructure), the Japan International Cooperation Agency (infrastructure improvement), Doctors Without Borders/Medecins Sans Frontieres (ART for 10,000 patients), and the Clinton Foundation (pediatric and second-line ARVs, HIV diagnostics, clinical staffing) provide additional support for ART activities.

OUTSTANDING CHALLENGES AND GAPS

Key remaining barriers include insufficient human resources, inadequate space, limited laboratory services, and weak infrastructure. EP support has directly hired and placed 850 contract clinical staff at government facilities throughout Kenya including clinical officers, nurses, lab technologists, and pharmacists. The health worker count undertaken for the 2008 COP and submitted as a supporting document indicates that EP partners are employing additional thousands of health workers. This support will continue in 2008. Planned renovations will improve the physical infrastructure of laboratories, pharmacies and ART clinics.

The greatest challenge remains limited non-PEPFAR resources for purchase of ART commodities (ARVs, CD4+ reagents, etc.). A key concern is availability of adequate ARVs in government stores for the maintenance and expansion of patients started on Kenya Medical Supplies Agency (KEMSA) ARVs. KEMSA stocks of key commodities (CD4+ reagents and reagents for laboratory monitoring) are also insufficient. The Global Fund procured ARVs for 42,500 adult patients for a period of three years to end in December 2008. This target has already been surpassed but GOK scale-up continues without a secure or rigorously quantified pipeline. In June 2007, the GOK initiated plans to procure ARVs for an additional 24,000 patients from its own resources; however, this is insufficient to sustain current ART patients or expand coverage. In 2007, the Clinton Foundation has proposed to provide pediatric and second-line ARVs, but this may not cover all patients who require them. The USG Team will continue to engage GOK to allocate more of its own resources to purchase ART commodities so that national targets may be reached. (See the HXTD program narrative for additional information.)

Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy	400
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	80000
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	271000
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	240000
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	3000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3476.08

Prime Partner: Kenya Medical Research Institute

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 6973.08

Activity System ID: 14908

Activity Narrative: N/A (exempt)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6973

Related Activity: 14902, 16997, 14903, 14904, 14905, 14906

Mechanism: South Rift Valley

USG Agency: Department of Defense

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$7,170,714

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6973		Department of Defense	Kenya Medical Research Institute	4249	3476.07	South Rift Valley	\$5,211,320

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14902	4804.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$2,021,145
16997	16997.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$360,000
14903	8808.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$240,000
14904	6922.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,050,000
14905	6975.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,200,000
14906	12478.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$300,000

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * TB

Food Support

Estimated PEPFAR dollars spent on food

\$140,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	60	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	8,700	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	22,440	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	20,400	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	120	False

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
Orphans and vulnerable childrer	1
Discordant Couples	
People Living with HIV / AIDS	

Coverage Areas

Rift Valley

Nyanza

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 285.08

Prime Partner: Mildmay International

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 4132.08

Activity System ID: 14926

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: HIV/AIDS Treatment/ARV Services Program Area Code: 11

Planned Funds: \$1,000,000

Activity Narrative: N/A (exempt)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6991

Related Activity: 14927

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6991	4132.07	HHS/Centers for Disease Control & Prevention	Mildmay International	4261	285.07		\$900,000
4132	4132.06	HHS/Centers for Disease Control & Prevention	Mildmay International	3216	285.06		\$437,500

Related Activity

System ctivity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14927	4131.08	6978	3676.08		Mildmay International	\$1,000,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	750	False

General pop	ulation			
Children (und	ler 5)			
Boys				
Children (und	ler 5)			
Girls				
Children (5-9)			
Boys				
Children (5-9)			
Girls				
Ages 10-14				
Boys				
Ages 10-14				
Girls				
Ages 15-24				
Men				
Ages 15-24				
Women				
Adults (25 an	d over)			
Men				
Adults (25 an	d over)			
Women				
Other				
People Living	g with HIV / AIDS			

Coverage Areas			
Nyanza			
Eastern			
Nairobi			
Central			
Rift Valley			

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 360.08

Prime Partner: Liverpool VCT and Care

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 4178.08

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: HIV/AIDS Treatment/ARV Services Program Area Code: 11 Planned Funds: \$1,000,000 Activity System ID: 14921

Activity Narrative: N/A (exempt)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6985

Related Activity: 14918, 14919, 14920

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20251	4178.20251. 09	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	9001	360.09		\$100,000
20250	4178.20250. 09	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	9001	360.09		\$900,000
6985	4178.07	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	4257	360.07		\$1,250,000
4178	4178.06	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	3235	360.06		\$700,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14918	4177.08	6974	360.08		Liverpool VCT and Care	\$200,000
14919	12459.08	6974	360.08		Liverpool VCT and Care	\$70,000
14920	4176.08	6974	360.08		Liverpool VCT and Care	\$2,400,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	9	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	4,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,600	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	80	False

Indirect Targets

Target Populations

People Living with HIV / AIDS

General population
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Adults (25 and over)
Men
Adults (25 and over)
Women
Special populations
Most at risk populations
Men who have sex with men
Other
Orphans and vulnerable children
Pregnant women
Discordant Couples

Coverage Areas

Eastern

Nairobi

Nyanza

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:3465.08Prime Partner:National AIDS & STD Control
ProgramFunding Source:GHCS (State)Budget Code:HTXSActivity ID:4223.08Activity System ID:14937Activity Narrative:N/A (exempt)HQ Technical Area:New/Continuing Activity:Continuing Activity:7004Related Activity:14930, 14935, 16399

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: HIV/AIDS Treatment/ARV Services Program Area Code: 11

Planned Funds: \$1,600,000

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20226	4223.20226. 09	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	8994	3465.09		\$160,000
20225	4223.20225. 09	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	8994	3465.09		\$1,340,000
7004	4223.07	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	4266	3465.07		\$1,300,000
4223	4223.06	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	3465	3465.06		\$1,590,000

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14930	4225.08	6981	3465.08		National AIDS & STD Control Program	\$550,000
14935	4126.08	6981	3465.08		National AIDS & STD Control Program	\$1,075,000

Human Capacity Development

- * Training
- *** In-Service Training
- Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	25	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	5,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	5,500	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	5,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	240	False

Indirect Targets

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
People Living with HIV / AIDS	

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 210.08

Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 4091.08

Activity System ID: 14882

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: HIV/AIDS Treatment/ARV Services Program Area Code: 11 Planned Funds: \$2,879,695

Mechanism: N/A

Activity Narrative: Updated August 2008 reprogramming: additional \$150K for PwP monitoring and evaluation and \$50K for discordant couple activities. \$75K for surge recruitment of health care workers, \$625K correction from April 08 reprogramming.

ARV Resistance Surveillance (\$200,000)

WHO and CDC have developed a method to monitor the emergence of HIV drug resistance (HIVDR) during the first year of antiretroviral treatment (ART) and evaluate potentially associated program factors which could be altered to optimize ART program functioning for HIVDR prevention. A sample size of approximately 100 patients initiating ART is evaluated at baseline and 12 months at 3-5 sentinel sites. At baseline, a genotype and brief ARV history are taken. At 12 months, or at time of switch to a second-line regimen, a viral load (VL), a genotype, and an adherence assessment are performed. Monitoring is defined as the measurement and interpretation of viral suppression in populations taking first-line ART 12 months after commencement of ART and the measurement and interpretation of HIVDR in populations commencing ART and in populations not achieving viral suppression after 12 months of first-line ART. Data will assist the Kenya Ministry of Health National AIDS and STI Control Program (NASCOP) and other national and international partners to design strategies to improve ART outcomes and support recommendations for optimal first- and second-line regimens and indications for time of regimen switch. This strategy will be implemented along with early warning indicators available from routine ART clinical data. The sentinel methodology will be incorporated as a routine evaluation.

(HTXS narrative exempt in COP 2008)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6945

Related Activity: 14875, 14876, 14877, 14878, 14879, 14880, 14881, 14884

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20641	4091.20641. 09	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	9095	210.09		\$320,000
20640	4091.20640. 09	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	9095	210.09		\$3,300,000
6945	4091.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	4246	210.07		\$6,290,265
4091	4091.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3201	210.06		\$2,612,500

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14875	4095.08	6964	210.08		Kenya Medical Research Institute	\$1,578,138
14876	4089.08	6964	210.08		Kenya Medical Research Institute	\$641,500
14877	4094.08	6964	210.08		Kenya Medical Research Institute	\$703,500
14878	4088.08	6964	210.08		Kenya Medical Research Institute	\$252,844
14879	4090.08	6964	210.08		Kenya Medical Research Institute	\$589,786
14880	4087.08	6964	210.08		Kenya Medical Research Institute	\$3,300,000
14881	4093.08	6964	210.08		Kenya Medical Research Institute	\$0
14884	4092.08	6964	210.08		Kenya Medical Research Institute	\$2,310,000

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	65	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,940	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	6,650	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	6,050	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	400	False

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
Orphans and vulnerable children	
Pregnant women	
Discordant Couples	
People Living with HIV / AIDS	
Coverage Areas	

Nyanza

Eastern

Nairobi

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 4914.08

Prime Partner: JHPIEGO

Funding Source: GHCS (State)

Budget Code: HTXS

Mechanism: APHIA II - Eastern

USG Agency: U.S. Agency for International Development Program Area: HIV/AIDS Treatment/ARV Services Program Area Code: 11 Activity ID: 8792.08

Activity System ID: 14868

Activity Narrative: N/A (exempt)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8792

Related Activity: 14861, 14862, 14863, 14864, 14865, 14866, 14867, 14869

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20611	8792.20611. 09	U.S. Agency for International Development	JHPIEGO	9088	4914.09	APHIA II - Eastern	\$200,000
20610	8792.20610. 09	U.S. Agency for International Development	JHPIEGO	9088	4914.09	APHIA II - Eastern	\$1,550,000
8792	8792.07	U.S. Agency for International Development	JHPIEGO	4914	4914.07	APHIA II - Eastern	\$1,792,474

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14861	8752.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,300,000
14862	8725.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$2,300,000
14863	8932.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,200,000
14864	8863.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$700,000
14865	9069.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$300,000
14866	9041.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$5,500,000
14867	8782.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$1,200,000
14869	8875.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$200,000

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	35	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	5,500	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	5,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	225	False

Indirect Targets

General population Children (under 5) Boys Children (under 5) Girls Children (5-9) Boys Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Eastern

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	3478.08	Mechanism:	ACCESS
Prime Partner:	JHPIEGO	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)	Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS	Program Area Code:	11
Activity ID:	12493.08	Planned Funds:	\$500,000
Activity System ID:	14860		
Activity Narrative:	N/A (exempt)		
HQ Technical Area:			
New/Continuing Activity:	Continuing Activity		
Continuing Activity:	12493		
Related Activity:	14857, 14859		

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20600	12493.2060 0.09	U.S. Agency for International Development	JHPIEGO	9087	3478.09	ACCESS	\$500,000
12493	12493.07	U.S. Agency for International Development	JHPIEGO	4239	3478.07	ACCESS	\$1,000,000

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14857	4811.08	6959	3478.08	ACCESS	JHPIEGO	\$300,000
14859	4155.08	6959	3478.08	ACCESS	JHPIEGO	\$800,000

Gender

- * Addressing male norms and behaviors
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting

Local Organization Capacity Building

Workplace Programs

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	5,300	False

Indirect Targets

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
Pregnant women	
Business Community	
Discordant Couples	
People Living with HIV / AIDS	

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	1246.08	Mechanism:	Uniformed Services Project
Prime Partner:	Kenya Medical Research Institute	USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS	Program Area Code:	11
Activity ID:	4259.08	Planned Funds:	\$100,000
Activity System ID:	14889		
Activity Narrative:	Updated August 2008 reprogramming		
	N/A (exempt)		
HQ Technical Area:			
New/Continuing Activity:	Continuing Activity		
Continuing Activity:	6954		

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6954	4259.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	4247	1246.07	Uniformed Services Project	\$197,526
4259	4259.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3263	1246.06	Uniformed Services Project	\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14886	4258.08	6965	1246.08	Uniformed Services Project	Kenya Medical Research Institute	\$25,000
14887	5110.08	6965	1246.08	Uniformed Services Project	Kenya Medical Research Institute	\$75,000
14888	4256.08	6965	1246.08	Uniformed Services Project	Kenya Medical Research Institute	\$300,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	2	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	100	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	200	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	150	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	50	False

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
Orphans and vulnerable children	
Pregnant women	
Discordant Couples	
People Living with HIV / AIDS	

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 1244.08 Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 4250.08

Mechanism: Kenya Department of Defense USG Agency: Department of Defense Program Area: HIV/AIDS Treatment/ARV Services Program Area Code: 11 Planned Funds: \$1,150,000 Activity System ID: 14899

Activity Narrative: N/A (exempt)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6958

Related Activity: 14892, 14893, 14894, 14895, 14896, 14896, 14897, 14898, 14900, 14901

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20595	4250.20595. 09	Department of Defense	Henry M. Jackson Foundation Medical Research International, Inc.	9086	1244.09	Kenya Department of Defense	\$110,000
20594	4250.20594. 09	Department of Defense	Henry M. Jackson Foundation Medical Research International, Inc.	9086	1244.09	Kenya Department of Defense	\$1,000,000
6958	4250.07	Department of Defense	Kenya Medical Research Institute	4248	1244.07	Kenya Department of Defense	\$591,715
4250	4250.06	Department of Defense	Kenya Medical Research Institute	3262	1244.06	Kenya Department of Defense	\$650,000

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14892	4251.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$100,000
14893	5272.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$175,000
14894	4254.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$75,000
14895	4252.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$100,000
14896	4253.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$200,000
14897	5099.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$150,000
14898	4249.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$120,000
14900	4825.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$300,000
14901	5115.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$150,000

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Food Support

Estimated PEPFAR dollars spent on food

\$110,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	8	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,450	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	3,850	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	36	False

Indirect Targets

General population Children (under 5) Boys Children (under 5) Girls Children (5-9) Boys Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women **Special populations** Most at risk populations **Military Populations** Other Civilian Populations (only if the activity is DOD) **Discordant Couples** People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 4917.08 Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 8765.08

Activity System ID: 14965

Activity Narrative: N/A (exempt)

HQ Technical Area:

Mechanism: APHIA II - Central USG Agency: U.S. Agency for International Development Program Area: HIV/AIDS Treatment/ARV Services Program Area Code: 11

Planned Funds: \$1,950,000

New/Continuing Activity: Continuing Activity

Continuing Activity: 8765

Related Activity: 14957, 14958, 14959, 14960, 14962, 14963, 14703, 14966

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20180	8765.20180. 09	U.S. Agency for International Development	Pathfinder International	8983	4917.09	APHIA II - Central	\$200,000
20179	8765.20179. 09	U.S. Agency for International Development	Pathfinder International	8983	4917.09	APHIA II - Central	\$1,500,000
8765	8765.07	U.S. Agency for International Development	Pathfinder International	4917	4917.07	APHIA II - Central / Nairobi	\$2,610,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14957	8729.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$425,000
14958	8731.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$1,150,000
14959	8874.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$600,000
14962	9072.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$250,000
14963	9056.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$1,650,000
14703	8778.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$400,000
14966	8870.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$275,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Workplace Programs

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	43	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	6,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	12,980	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	11,800	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	300	False

Indirect Targets

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS

Coverage Areas

Central

Nairobi

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	286.08	Mechanism:	N/A
Prime Partner:	New York University	USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS	Program Area Code:	11
Activity ID:	4134.08	Planned Funds:	\$1,340,000
Activity System ID:	14949		
Activity Narrative:	N/A (exempt)		
HQ Technical Area:			
New/Continuing Activity:	Continuing Activity		
Continuing Activity:	7015		
Related Activity:	14945, 14946		

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20212	4134.20212. 09	HHS/Centers for Disease Control & Prevention	New York University	8990	286.09		\$130,000
20211	4134.20211. 09	HHS/Centers for Disease Control & Prevention	New York University	8990	286.09		\$1,600,000
7015	4134.07	HHS/Centers for Disease Control & Prevention	New York University	4270	286.07		\$1,425,000
4134	4134.06	HHS/Centers for Disease Control & Prevention	New York University	3217	286.06		\$560,000

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14946	4133.08	6984	286.08		New York University	\$175,000

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	3	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,300	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	3,500	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,200	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	20	False

Indirect Targets

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS

Coverage Areas

Coast

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 4918.08

Prime Partner: Program for Appropriate Technology in Health

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 8826.08

Activity System ID: 14999

Activity Narrative: N/A (exempt)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Mechanism: APHIA II - Western

USG Agency: U.S. Agency for International Development

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$3,300,000

Continuing Activity: 8826

Related Activity: 14992, 14993, 14994, 14995, 14996, 14997, 14998, 15000

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20078	8826.20078. 09	U.S. Agency for International Development	Program for Appropriate Technology in Health	8958	4918.09	APHIA II - Western	\$330,000
20077	8826.20077. 09	U.S. Agency for International Development	Program for Appropriate Technology in Health	8958	4918.09	APHIA II - Western	\$2,950,000
8826	8826.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	4918	4918.07	APHIA II - Western	\$2,470,000

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14992	8738.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$2,300,000
14993	8994.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$2,100,000
14994	8927.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$1,100,000
14995	8931.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$900,000
14996	9068.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$300,000
14997	9073.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$4,400,000
14998	8777.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$1,100,000
15000	8855.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$250,000

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB
- Wraparound Programs (Other)
- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	32	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	4,400	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	11,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	10,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	200	False

Indirect Targets

General population Children (under 5) Boys Children (under 5) Girls Children (5-9) Boys Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Western

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	4921.08
Prime Partner:	United Nations High Commissioner for Refugees
Funding Source:	GHCS (State)
Budget Code:	HTXS
Activity ID:	8982.08
Activity System ID:	15018
Activity Narrative:	N/A (exempt)
HQ Technical Area:	
New/Continuing Activity:	Continuing Activity
Continuing Activity:	8982
Related Activity:	15023, 15017

Mechanism: N/A USG Agency: Department of State / Population, Refugees, and Migration Program Area: HIV/AIDS Treatment/ARV Services Program Area Code: 11 Planned Funds: \$50,000

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20005	8982.20005. 09	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	9776	9776.09		\$5,000
20004	8982.20004. 09	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	9776	9776.09		\$50,000
8982	8982.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	4921	4921.07		\$50,000

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15017	8980.08	7009	4921.08		United Nations High Commissioner for Refugees	\$200,000
15023	4138.08	7011	288.08		University of California at San Francisco	\$4,930,305

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	1	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	30	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	60	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	50	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	10	False

Indirect Targets

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS

Coverage Areas

North Eastern

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 4930.08

Prime Partner: Sustainable Health Enterprise Foundation

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 8820.08

Activity System ID: 15006

Activity Narrative: N/A (exempt)

This activity is continuing in FY08 without additional funding.

HQ Technical Area:

Mechanism: Child and Family Wellness Shops USG Agency: U.S. Agency for International Development Program Area: HIV/AIDS Treatment/ARV Services Program Area Code: 11

Planned Funds: \$0

New/Continuing Activity: Continuing Activity

Continuing Activity: 8820

Related Activity: 15005

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19993	8820.19993. 09	U.S. Agency for International Development	Sustainable Health Enterprise Foundation	8942	4930.09	Child and Family Wellness Shops	\$100,000
8820	8820.07	U.S. Agency for International Development	Sustainable Health Enterprise Foundation	4930	4930.07	Child and Family Wellness Shops	\$386,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15005	8762.08	7004	4930.08	Child and Family Wellness Shops	Sustainable Health Enterprise Foundation	\$0

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Wraparound Programs (Health-related)

* Child Survival Activities

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

	General population		
	Children (under 5)		
	Boys		
	Children (under 5)		
	Girls		
	Children (5-9)		
	Boys		
	Children (5-9)		
	Girls		
	Ages 10-14		
	Boys		
	Ages 10-14		
	Girls		
	Ages 15-24		
	Men		
	Ages 15-24		
	Women		
	Adults (25 and over)		
	Men		
	Adults (25 and over)		
	Women		
т	Fable 3.3.11: Activities by Funding Mechansim		
	Mechanism ID: 287.08	Mechanism:	N/A
	Prime Partner: University of Manitoba	USG Agency:	HHS/Centers for Control & Preven
	Funding Source: GHCS (State)		HIV/AIDS Treatm

Budget Code: HTXS

Activity ID: 4136.08

Activity System ID: 15027

Activity Narrative: N/A (exempt)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7094

or Disease ention Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$800,000

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20027	4136.20027. 09	HHS/Centers for Disease Control & Prevention	University of Manitoba	8947	287.09		\$80,000
20026	4136.20026. 09	HHS/Centers for Disease Control & Prevention	University of Manitoba	8947	287.09		\$720,000
7094	4136.07	HHS/Centers for Disease Control & Prevention	University of Manitoba	4297	287.07		\$547,200
4136	4136.06	HHS/Centers for Disease Control & Prevention	University of Manitoba	3218	287.06		\$157,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15025	4135.08	7013	287.08		University of Manitoba	\$100,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	3	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,500	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,200	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	20	False

General population			
Children (under 5)			
Boys			
Children (under 5)			
Girls			
Children (5-9)			
Boys			
Children (5-9)			
Girls			
Ages 10-14			
Boys			
Ages 10-14			
Girls			
Ages 15-24			
Men			
Ages 15-24			
Women			
Adults (25 and over)			
Men			
Adults (25 and over)			
Women			
Special populations			
Most at risk populations			
Persons in Prostitution			
Other			
Pregnant women			
Discordant Couples			
People Living with HIV / AIDS			
Coverage Areas			
Coverage Areas			

Nairobi

Mechanism ID: 288.08

Prime Partner: University of California at San Francisco

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 4138.08

Activity System ID: 15023

Activity Narrative: N/A (exempt)

HQ Technical Area:

Continuned Associated Activity Information

New/Continuing Activity: Continuing Activity

Continuing Activity: 7090

Related Activity: 15020, 15021, 15022

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$4,930,305

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20015	4138.20015. 09	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	8946	288.09		\$550,000
20014	4138.20014. 09	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	8946	288.09		\$4,800,000
7090	4138.07	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	4295	288.07		\$2,572,607
4138	4138.06	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	3219	288.06		\$1,520,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15020	8653.08	7011	288.08		University of California at San Francisco	\$550,000
15021	4137.08	7011	288.08		University of California at San Francisco	\$797,156
15022	9054.08	7011	288.08		University of California at San Francisco	\$400,214

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	64	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	5,990	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	15,040	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	13,670	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	50	False

Boys Children (under 5) Girls Shildren (5-9) Boys Shildren (5-9) Girls Nges 10-14 Boys Ages 10-14 Girls Ages 10-14 Girls Ages 10-14 Women Ages 15-24 Women Adults (25 and over) Men Volumen Adults (25 and over) Women Adults (25 and over) Volumen Drphans and vulnerable children Pregnant women Discordant Couples People Living with HIV / AIDS	General population	
Shildren (under 5) Girls Shildren (5-9) Boys Shildren (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Men Sther Diphans and vulnerable children Pregnant women Discordant Couples People Living with HIV / AIDS	Children (under 5)	
Girls Children (5-9) Boys Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Men Children	Boys	
Children (5-9) Boys Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Men Adults (25 and over) Men Drher Drhans and vulnerable children Pregnant women Discordant Couples People Living with HIV / AIDS	Children (under 5)	
Boys children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Men Adults (25 and over) Momen Adults (25 and over) Prephans and vulnerable children Pregnant women Discordant Couples People Living with HIV / AIDS	Girls	
Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women 2000 200	Children (5-9)	
Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women Dther Dphans and vulnerable children Pregnant women Discordant Couples People Living with HIV / AIDS	Boys	
Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women Dther Drphans and vulnerable children Pregnant women Discordant Couples People Living with HIV / AIDS	Children (5-9)	
Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women Dther Drphans and vulnerable children Pregnant women Discordant Couples People Living with HIV / AIDS	Girls	
Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Men Adults (25 and over) Women Dther Drphans and vulnerable children Pregnant women Discordant Couples People Living with HIV / AIDS	Ages 10-14	
Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women Other Orphans and vulnerable children Pregnant women Discordant Couples People Living with HIV / AIDS	Boys	
Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women Dther Orphans and vulnerable children Pregnant women Discordant Couples People Living with HIV / AIDS	Ages 10-14	
Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women Dther Orphans and vulnerable children Pregnant women Discordant Couples People Living with HIV / AIDS	Girls	
Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women Dther Drphans and vulnerable children Pregnant women Discordant Couples People Living with HIV / AIDS	Ages 15-24	
Women Adults (25 and over) Men Adults (25 and over) Women Other Orphans and vulnerable children Pregnant women Discordant Couples People Living with HIV / AIDS	Men	
Adults (25 and over) Men Adults (25 and over) Women Dther Drphans and vulnerable children Pregnant women Discordant Couples People Living with HIV / AIDS	Ages 15-24	
Men Adults (25 and over) Women Other Orphans and vulnerable children Pregnant women Discordant Couples People Living with HIV / AIDS	Women	
Adults (25 and over) Women Dther Drphans and vulnerable children Pregnant women Discordant Couples People Living with HIV / AIDS	Adults (25 and over)	
Women Dther Drphans and vulnerable children Pregnant women Discordant Couples People Living with HIV / AIDS	Men	
Other Orphans and vulnerable children Pregnant women Discordant Couples People Living with HIV / AIDS	Adults (25 and over)	
Drphans and vulnerable children Pregnant women Discordant Couples People Living with HIV / AIDS	Women	
Pregnant women Discordant Couples People Living with HIV / AIDS	Other	
Discordant Couples People Living with HIV / AIDS	Orphans and vulnerable children	
People Living with HIV / AIDS	Pregnant women	
	Discordant Couples	
Yoverage Areas	People Living with HIV / AIDS	
Yoverage Areas		
	Coverage Areas	

Nairobi

Nyanza

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 483.08

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 4232.08

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: HIV/AIDS Treatment/ARV Services Program Area Code: 11 Planned Funds: \$3,100,000 Activity System ID: 15039

Activity Narrative: N/A (exempt)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7100

Related Activity: 15036, 15037

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19974	4232.19974. 09	HHS/Centers for Disease Control & Prevention	University of Washington	8935	483.09		\$310,000
19973	4232.19973. 09	HHS/Centers for Disease Control & Prevention	University of Washington	8935	483.09		\$2,750,000
7100	4232.07	HHS/Centers for Disease Control & Prevention	University of Washington	4301	483.07		\$2,883,938
4232	4232.06	HHS/Centers for Disease Control & Prevention	University of Washington	3253	483.06		\$1,270,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15036	4231.08	7020	483.08		University of Washington	\$300,000
15037	8830.08	7020	483.08		University of Washington	\$80,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	3	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	5,450	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	10,450	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	9,500	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	30	False

Indirect Targets

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
People Living with HIV / AIDS	

Coverage Areas			
Nairobi			
Nyanza			

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 217.08 Prime Partner: University of Nairobi

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 4104.08

Activity System ID: 15032

Activity Narrative: N/A (exempt)

HQ Technical Area:

Mechanism: Department of Pediatrics USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$2,300,000

New/Continuing Activity: Continuing Activity

Continuing Activity: 7095

Related Activity: 15030, 15031

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19982	4104.19982. 09	HHS/Centers for Disease Control & Prevention	University of Nairobi	8939	217.09	Department of Pediatrics	\$230,000
19981	4104.19981. 09	HHS/Centers for Disease Control & Prevention	University of Nairobi	8939	217.09	Department of Pediatrics	\$2,050,000
7095	4104.07	HHS/Centers for Disease Control & Prevention	University of Nairobi	4298	217.07	Department of Pediatrics	\$1,700,000
4104	4104.06	HHS/Centers for Disease Control & Prevention	University of Nairobi	3205	217.06	Department of Pediatrics	\$985,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15030	4925.08	7016	217.08	Department of Pediatrics	University of Nairobi	\$250,000
15031	9057.08	7016	217.08	Department of Pediatrics	University of Nairobi	\$150,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	3	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	2,700	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	7,700	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	7,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	100	False

Indirect Targets

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS

Coverage Areas

Nairobi

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 4925.08

Prime Partner: Columbia University Mailman School of Public Health

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 5274.08

Activity System ID: 14691

Activity Narrative: N/A (exempt)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Mechanism: Eastern Province

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$1,000,000

Continuing Activity: 8983

Related Activity: 14689, 14690

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20405	5274.20405. 09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	9060	4925.09	Eastern Province	\$100,000
20404	5274.20404. 09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	9060	4925.09	Eastern Province	\$1,400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14689	5271.08	6908	4925.08	Eastern Province	Columbia University Mailman School of Public Health	\$332,000
14690	8761.08	6908	4925.08	Eastern Province	Columbia University Mailman School of Public Health	\$300,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	11	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	3,700	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	8,690	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	7,900	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	60	False

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
Pregnant women	
People Living with HIV / AIDS	

Coverage Areas

Eastern

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 303.08

Prime Partner: University of Nairobi

Funding Source: GHCS (State)

 Mechanism:
 Department of Obstetrics and Gynecology

 USG Agency:
 HHS/Centers for Disease Control & Prevention

 Program Area:
 HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Activity ID: 17156.08

Program Area Code: 11

Planned Funds: \$100,000

Activity System ID: 17156

Activity Narrative: THIS IS A NEW ACTIVITY: LSTIK PEDIATRICS

1. LIST OF RELATED ACTIVITIES This activity relates to activities in ARV Services.

2. ACTIVITY DESCRIPTION

It is estimated that there are 100,000-150,000 HIV-infected children in Kenya of which ~40,000 will require ART. As scale-up of ART services has increased substantially among adults, pediatric ART services have lagged behind. As of March 2006, only 190 (60%) of 314 ART sites were providing pediatric services to 10,000 children. Strategies to improve pediatric ART enrollment include pediatric counseling, pediatric ART training and mentorship, caregiver programs, expansion of the early infant diagnosis, and pediatric testing campaigns. Surveillance of pediatric care in Kenya will measure process and outcomes of enrollment into care by pediatric patients. It will look at both community and facility referral systems, and include measures of clinical/laboratory staging, retention, ART initiation and maintenance, morbidity and mortality. Protocol development will be performed by CDC in collaboration with implementing partners, other USG agencies, and NASCOP.

3. EMPHASIS AREAS/TARGET POPULATIONS

This activity will collect strategic information about pediatric patients.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

General population Children (under 5) Boys Children (under 5) Girls Children (5-9) Boys Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls

Mechanism ID: 4919.08 Prime Partner: Pathfinder International Funding Source: GHCS (State) Budget Code: HTXS F Activity ID: 8805.08 Activity System ID: 14704 Activity Narrative: N/A (exempt) HQ Technical Area: New/Continuing Activity: Continuing Activity Continuing Activity: 8805 Related Activity: 15989, 14698, 14699, 14700, 14701, 14702, 14703, 14705

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20192	8805.20192. 09	U.S. Agency for International Development	Pathfinder International	8984	4919.09	APHIA II - North Eastern	\$60,000
20191	8805.20191. 09	U.S. Agency for International Development	Pathfinder International	8984	4919.09	APHIA II - North Eastern	\$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15989	15989.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$550,000
14698	9074.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$1,000,000
14699	8937.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$450,000
14700	8867.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$500,000
14701	9066.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$150,000
14702	9067.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$1,200,000
14703	8778.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$400,000
14705	8864.08	6914	4919.08	APHIA II - North Eastern	Pathfinder International	\$150,000

Mechanism: APHIA II - North Eastern

USG Agency: U.S. Agency for International Development Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$600,000

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	15	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	500	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,100	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	50	False

Indirect Targets

General population Children (under 5) Boys Children (under 5) Girls Children (5-9) Boys Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Teachers

Coverage Areas

North Eastern

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	1501.08	Mechanism:	N/A		
Prime Partner:	US Centers for Disease Control and Prevention	USG Agency:	HHS/Centers for Disease Control & Prevention		
Funding Source:	GAP	Program Area:	HIV/AIDS Treatment/ARV Services		
Budget Code:	HTXS	Program Area Code:	11		
Activity ID:	4297.08	Planned Funds:	\$725,550		
Activity System ID:	15055				
Activity Narrative:	THIS IS AN ONGOING ACTIVITY. THE N FUNDS ARE SPLIT BETWEEN GAP AND		, BUT THIS YEAR'S CDC M&S		
	1. LIST OF RELATED ACTIVITIES This activity relates to all activities in the H	ITXS program area.			
	2. ACTIVITY DESCRIPTION Access to treatment with antiretroviral drugs in Kenya has expanded dramatically during the past few years. Established HIV treatment services have improved the quality of life and prolonged the lives of many HIV- infected individuals. During this phase of rapid scale up, there is substantial need for supportive supervision of both partners and local Kenyan health care workers. Although the latter is the mandate of the ministry of health, the responsibility for this important function has been shared with partners and donors, including the technical staff of the US government agencies. CDC staff has contributed by assisting with the development of policies and guidelines, assisting implementing partners to improve the technical quality of their care and treatment programs, and by providing direct technical assistance to sites and geographic areas not yet fully supported by other partners.				
	During FY 07 CDC will continue to work with government of Kenya agencies and non-governmental partners to initiate, maintain, and decentralize antiretroviral treatment programs. These services will include a broad range of activities including capacity building for health care workers, laboratory and pharmacy management, support for adherence, and for management of advanced HIV disease and toxicities. These services are very closely linked to palliative care services provided at the same sites. Technical activities of the CDC team include assisting with the development of appropriate monitoring tools, analyzing performance information to track progress toward planned results; using performance information to inform program decision-making and resource allocation; and communicating results achieved. The CDC Kenya care and treatment technical team includes one Direct Hire (USDH), five locally employed technical staff and one program assistant. The team is supported by locally employed drivers whose work is devoted to supporting care and treatment activities. In addition to enabling the technical staff to conduct regular field visits and technical supervision, the drivers participate in activities such as demonstration of point of use chlorination systems used to improve access to safe water, and assist with delivery of equipment and supplies required by the supported programs. The total proposed HTXS management budget for FY 2007 is US \$ 900,000 and will be distributed across expenditure categories.				
HQ Technical Area:					
New/Continuing Activity:	Continuing Activity				
Continuing Activity:	7104				
Related Activity:					

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19950	4297.19950. 09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8926	1501.09		\$471,051
7104	4297.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4303	1501.07		\$900,000
4297	4297.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3292	1501.06		\$745,929

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	4913.08	Mechanism:	APHIA II - Coast
Prime Partner:	Family Health International	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)	Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS	Program Area Code:	11
Activity ID:	8813.08	Planned Funds:	\$4,900,000
Activity System ID:	14813		
Activity Narrative:	N/A (exempt)		
HQ Technical Area:			
New/Continuing Activity:	Continuing Activity		

Continuing Activity: 8813

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20475	8813.20475. 09	U.S. Agency for International Development	Family Health International	9067	4913.09	APHIA II - Coast	\$500,000
20474	8813.20474. 09	U.S. Agency for International Development	Family Health International	9067	4913.09	APHIA II - Coast	\$4,400,000
8813	8813.07	U.S. Agency for International Development	Family Health International	4913	4913.07	APHIA II - Coast	\$2,960,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14806	8764.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000
14807	8950.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000
14808	8930.08	6948	4913.08	APHIA II - Coast	Family Health International	\$1,800,000
14809	8934.08	6948	4913.08	APHIA II - Coast	Family Health International	\$1,205,000
14810	9062.08	6948	4913.08	APHIA II - Coast	Family Health International	\$390,000
14811	9048.08	6948	4913.08	APHIA II - Coast	Family Health International	\$4,950,000
14812	8781.08	6948	4913.08	APHIA II - Coast	Family Health International	\$2,000,000
14814	9711.08	6948	4913.08	APHIA II - Coast	Family Health International	\$300,000

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB
- Wraparound Programs (Other)
- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	104	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	7,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	16,500	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	15,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	150	False

Indirect Targets

General population Children (under 5) Boys Children (under 5) Girls Children (5-9) Boys Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women **Special populations** Most at risk populations Injecting drug users Most at risk populations Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Teachers

Coverage Areas

Coast

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 4916.08 Prime Partner: Family Health International Funding Source: GHCS (State) Budget Code: HTXS Activity ID: 8797.08 Activity System ID: 14804 Activity Narrative: N/A (exempt) HQ Technical Area: New/Continuing Activity: Continuing Activity Continuing Activity: 8797 Related Activity: 14797, 14798, 14800, 14801, 14802, 14803, 14805, 14799

Mechanism: APHIA II - Rift Valley USG Agency: U.S. Agency for International Development Program Area: HIV/AIDS Treatment/ARV Services Program Area Code: 11

Planned Funds: \$2,300,000

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20461	8797.20461. 09	U.S. Agency for International Development	Family Health International	9066	4916.09	APHIA II - Rift Valley	\$230,000
20460	8797.20460. 09	U.S. Agency for International Development	Family Health International	9066	4916.09	APHIA II - Rift Valley	\$2,050,000
8797	8797.07	U.S. Agency for International Development	Family Health International	4916	4916.07	APHIA II - Rift Valley	\$2,200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14797	8733.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$3,000,000
14798	9070.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$2,100,000
14799	9040.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$1,700,000
14800	8929.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$900,000
14801	9065.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$450,000
14802	9029.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$4,700,000
14803	8776.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$1,200,000
14805	8895.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$400,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

- * Training
- *** In-Service Training
- * Retention strategy

Workplace Programs

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	227	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	2,400	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	7,810	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	7,100	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	253	False

Indirect Targets

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS

Coverage Areas

Rift Valley

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 282.08

Prime Partner: Eastern Deanery AIDS Relief Program Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 4130.08

Activity System ID: 14776

Activity Narrative: N/A (exempt)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6880

Related Activity: 14689, 14690, 14691, 14771, 14772, 14773, 14775

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$4,300,000

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20427	4130.20427. 09	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	9062	282.09		\$430,000
20426	4130.20426. 09	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	9062	282.09		\$3,850,000
6880	4130.07	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	4222	282.07		\$1,800,000
4130	4130.06	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	3215	282.06		\$1,360,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14771	8654.08	6943	282.08		Eastern Deanery AIDS Relief Program	
14772	4128.08	6943	282.08	Eastern Deanery AIDS Relief Program		\$550,000
14689	5271.08	6908	4925.08	Eastern Province	Eastern Province Columbia University Mailman School of Public Health	
14690	8761.08	6908	4925.08	Eastern Province	Columbia University Mailman School of Public Health	\$300,000
14773	4129.08	6943	282.08	Eastern Deanery AIDS Relief Program		\$780,000
14775	6437.08	6943	282.08		Eastern Deanery AIDS Relief Program	\$600,000
14691	5274.08	6908	4925.08	Eastern Province	Columbia University Mailman School of Public Health	\$1,000,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	11	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	4,700	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	14,300	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	13,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	50	False

Indirect Targets

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS

Coverage Areas

Nairobi

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3672.08

Prime Partner: Columbia University Mailman School of Public Health

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 4272.08

Activity System ID: 14759

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: HIV/AIDS Treatment/ARV Services Program Area Code: 11

Planned Funds: \$4,100,000

Activity Narrative: Updated August 2008 reprogramming: this figure includes \$100,000 for PwP. N/A (exempt)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6867

Related Activity: 14757, 14758, 16460, 14756

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20400	4272.20400. 09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	9059	3672.09	Central Province	\$400,000
20399	4272.20399. 09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	9059	3672.09	Central Province	\$600,000
6867	4272.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4220	3672.07		\$1,250,000
4272	4272.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	3672	3672.06		\$600,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14757	4922.08	6940	3672.08		Columbia University Mailman School of Public Health	\$1,250,000
14758	8846.08	6940	3672.08		Columbia University Mailman School of Public Health	\$450,000
16460	16460.08	6940	3672.08		Columbia University Mailman School of Public Health	\$2,000,000
14756	5481.08	6939	1432.08		Columbia University Mailman School of Public Health	\$4,554,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	30	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	10,500	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	16,250	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	15,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	60	False

Indirect Targets

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
Pregnant women	
People Living with HIV / AIDS	

Coverage Areas

Central

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 4915.08

Prime Partner: Engender Health

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 8774.08

Activity System ID: 14785

Activity Narrative: N/A (exempt)

HQ Technical Area:

Mechanism: APHIA II - Nyanza

USG Agency: U.S. Agency for International Development Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$3,050,000

New/Continuing Activity: Continuing Activity

Continuing Activity: 8774

Related Activity: 14777, 14778, 14779, 14780, 14781, 14782, 14784, 14786

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20439	8774.20439. 09	U.S. Agency for International Development	Engender Health	9063	4915.09	APHIA II - Nyanza	\$310,000
20438	8774.20438. 09	U.S. Agency for International Development	Engender Health	9063	4915.09	APHIA II - Nyanza	\$2,750,000
8774	8774.07	U.S. Agency for International Development	Engender Health	4915	4915.07	APHIA II - Nyanza	\$1,400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14777	8734.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$650,000
14778	8989.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$1,800,000
14779	8942.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$1,500,000
14780	8928.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$900,000
14781	9059.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$300,000
14782	9071.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$6,150,000
14786	8859.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$400,000

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	50	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	8,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	10,230	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	9,300	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	300	False

Indirect Targets

General population Children (under 5) Boys Children (under 5) Girls Children (5-9) Boys Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Teachers

Coverage Areas

Nyanza

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 348.08 Prime Partner: Community Housing Foundation Funding Source: GHCS (State) Budget Code: HTXS Activity ID: 4164.08 Activity System ID: 14768 Activity Narrative: N/A (exempt) HQ Technical Area: New/Continuing Activity: Continuing Activity Continuing Activity: 6869

Related Activity: 15984, 14764, 14765, 14767

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: HIV/AIDS Treatment/ARV Services Program Area Code: 11 Planned Funds: \$1,300,000

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6869	4164.07	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	4221	348.07		\$1,200,000
4164	4164.06	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	3233	348.06		\$1,535,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15984	15984.08	6941	348.08		Community Housing Foundation	\$300,000
14764	4165.08	6941	348.08		Community Housing Foundation	\$525,000
14765	4166.08	6941	348.08		Community Housing Foundation	\$300,000
14767	4170.08	6941	348.08		Community Housing Foundation	\$1,800,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	9	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	750	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	3,700	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,400	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	225	False

Indirect Targets

General population		
Children (under 5)		
Boys		
Children (under 5)		
Girls		
Children (5-9)		
Boys		
Children (5-9)		
Girls		
Ages 10-14		
Boys		
Ages 10-14		
Girls		
Ages 15-24		
Men		
Ages 15-24		
Women		
Adults (25 and over)		
Men		
Adults (25 and over)		
Women		
Other		
People Living with HIV / AIDS		

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	3543.08	Mechanism:	Lea Toto
Prime Partner:	Children of God Relief Institute	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)	Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS	Program Area Code:	11
Activity ID:	5092.08	Planned Funds:	\$1,000,000
Activity System ID:	14753		
Activity Narrative:	N/A (exempt)		
HQ Technical Area:			
New/Continuing Activity:	Continuing Activity		
Continuing Activity:	6862		
Related Activity:	14749, 14750, 14751, 14752		

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20381	5092.20381. 09	U.S. Agency for International Development	Children of God Relief Institute	9054	3543.09	Lea Toto	\$1,000,000
6862	5092.07	U.S. Agency for International Development	Children of God Relief Institute	4216	3543.07	Lea Toto	\$800,000
5092	5092.06	U.S. Agency for International Development	Children of God Relief Institute	3543	3543.06	Lea Toto	\$540,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14749	5105.08	6936	3543.08	Lea Toto	Children of God Relief Institute	\$150,000
14750	12455.08	6936	3543.08	Lea Toto	Children of God Relief Institute	\$50,000
14751	4918.08	6936	3543.08	Lea Toto	Children of God Relief Institute	\$600,000
14752	4848.08	6936	3543.08	Lea Toto	Children of God Relief Institute	\$200,000

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * TB

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	6	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	200	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,650	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,500	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	200	False

Target Populations	
General population	
Children (under 5)	
Boys	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Special populations	
Most at risk populations	
Street youth	
Other	
Orphans and vulnerable children	
Business Community	
Discordant Couples	
People Living with HIV / AIDS	
Religious Leaders	
Teachers	

Coverage Areas

Nairobi

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 1432.08

Prime Partner: Columbia University Mailman School of Public Health Mechanism: N/A

Funding Source: Central GHCS (State)

Budget Code: HTXS Activity ID: 5481.08 Activity System ID: 14756 Activity Narrative: N/A (exempt) HQ Technical Area: New/Continuing Activity: Continuing Activity Continuing Activity: 6866 Related Activity: 14757, 14759 Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$4,554,000

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20392	5481.20392. 09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	9058	1432.09		\$4,554,000
6866	5481.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4219	1432.07		\$4,554,000
5481	5481.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	3272	1432.06		\$1,900,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14757	4922.08	6940	3672.08		Columbia University Mailman School of Public Health	\$1,250,000
14759	4272.08	6940	3672.08		Columbia University Mailman School of Public Health	\$4,100,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	5	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	2,500	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	3,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	2,500	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	60	False

Indirect Targets

General population		
Children (under 5)		
Boys		
Children (under 5)		
Girls		
Children (5-9)		
Boys		
Children (5-9)		
Girls		
Ages 10-14		
Boys		
Ages 10-14		
Girls		
Ages 15-24		
Men		
Ages 15-24		
Women		
Adults (25 and over)		
Men		
Adults (25 and over)		
Women		
Other		
Pregnant women		
People Living with HIV / AIDS		

Coverage Areas

Central

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3670.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 4271.08

Activity System ID: 14747

Activity Narrative: N/A (exempt)

HQ Technical Area:

Mechanism: N/A

USG Agency: HHS/Health Resources Services Administration Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$7,732,000

New/Continuing Activity: Continuing Activity

Continuing Activity: 6854

Related Activity: 14745, 14747, 14743

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20567	4271.20567. 09	HHS/Health Resources Services Administration	Catholic Relief Services	9080	9080.09		\$770,000
20564	4271.20564. 09	HHS/Health Resources Services Administration	Catholic Relief Services	9080	9080.09		\$8,400,000
6854	4271.07	HHS/Health Resources Services Administration	Catholic Relief Services	4213	3670.07		\$3,900,000
4271	4271.06	HHS/Health Resources Services Administration	Catholic Relief Services	3670	3670.06		\$2,810,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14745	4924.08	6934	3670.08		Catholic Relief Services	\$1,068,000
14743	5483.08	6932	3730.08		Catholic Relief Services	\$5,851,680

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	19	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	15,200	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	24,800	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	23,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	30	False

Indirect Targets

General population
Children (under 5)
Boys
Children (under 5)
Girls
Children (5-9)
Boys
Children (5-9)
Girls
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
People Living with HIV / AIDS

Coverage Areas		
Central		
Coast		
Eastern		
Nairobi		
Nyanza		
Western		

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3730.08

Prime Partner: Catholic Relief Services

Funding Source: Central GHCS (State)

Budget Code: HTXS

Mechanism: N/A

USG Agency: HHS/Health Resources Services Administration Program Area: HIV/AIDS Treatment/ARV Services Program Area Code: 11

Activity ID: 5483.08

Activity System ID: 14743

Activity Narrative: N/A (exempt)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6853

Related Activity: 14745, 14747

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20361	5483.20361. 09	HHS/Health Resources Services Administration	Catholic Relief Services	9049	3730.09		\$5,851,680
6853	5483.07	HHS/Health Resources Services Administration	Catholic Relief Services	4212	3730.07		\$2,170,974
5483	5483.06	HHS/Health Resources Services Administration	Catholic Relief Services	3730	3730.06		\$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14745	4924.08	6934	3670.08		Catholic Relief Services	\$1,068,000
14747	4271.08	6934	3670.08		Catholic Relief Services	\$7,732,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	5	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,500	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	6,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	5,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	30	False

Indirect Targets

General population		
Children (under 5)		
Boys		
Children (under 5)		
Girls		
Children (5-9)		
Boys		
Children (5-9)		
Girls		
Ages 10-14		
Boys		
Ages 10-14		
Girls		
Ages 15-24		
Men		
Ages 15-24		
Women		
Adults (25 and over)		
Men		
Adults (25 and over)		
Women		
Other		
Pregnant women		
People Living with HIV / AIDS		

Coverage Areas			
Central			
Coast			
Eastern			
Nairobi			
Nyanza			
Western			

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 295.08

Prime Partner: African Medical and Research Foundation Funding Source: GHCS (State) Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: HIV/AIDS Treatment/ARV Services Budget Code: HTXS

Activity ID: 4144.08

Activity System ID: 14725

Activity Narrative: N/A (exempt)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6836

Related Activity: 14722, 14723, 14724

Continuned Associated Activity Information

Program	Area	Code:	11	
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Planned Funds: \$850,000

1	Activity	Activity ID	USG Agency	Prime Partner	Mechanism	Mechanism ID	Mechanism	Planned Funds
	System ID	, toti vity i 2	eee rigeney		System ID	incontainent 12	moonamon	
	20352	4144.20352. 09	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	9039	295.09		\$90,000
	20351	4144.20351. 09	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	9039	295.09		\$710,000
	6836	4144.07	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	4201	295.07		\$700,000
	4144	4144.06	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	3222	295.06		\$552,168

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14722	4145.08	6922	295.08		African Medical and Research Foundation	\$400,000
14723	4817.08	6922	295.08		African Medical and Research Foundation	\$250,000
14724	12457.08	6922	295.08		African Medical and Research Foundation	\$50,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	4	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	300	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,650	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,500	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	30	False

Indirect Targets

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Other	
Pregnant women	
People Living with HIV / AIDS	

Coverage Areas

Nairobi

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 4061.08 Prime Partner: Regional Procurement Support Office/Frankfurt Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 19415.08

Activity System ID: 19415

Activity Narrative:

HQ Technical Area:

Mechanism: N/A USG Agency: Department of State / African Affairs Program Area: HIV/AIDS Treatment/ARV Services Program Area Code: 11

Planned Funds: \$2,550,000

New/Continuing Activity: New Activity Continuing Activity: Related Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 348.08 Prime Partner: Community Housing Foundation Funding Source: GHCS (State) Budget Code: HTXS Activity ID: 19409.08 Activity System ID: 19409 Activity Narrative: N/A (exempt) HQ Technical Area: New/Continuing Activity: New Activity Continuing Activity: New Activity Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: HIV/AIDS Treatment/ARV Services Program Area Code: 11

Planned Funds: \$0

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 4076.08

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 18040.08

Activity System ID: 18040

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$199,450

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED, BUT THIS YEAR'S CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHAI.

1. LIST OF RELATED ACTIVITIES

This activity relates to all activities in the HTXS program area.

2. ACTIVITY DESCRIPTION

Access to treatment with antiretroviral drugs in Kenya has expanded dramatically during the past few years. Established HIV treatment services have improved the quality of life and prolonged the lives of many HIVinfected individuals. During this phase of rapid scale up, there is substantial need for supportive supervision of both partners and local Kenyan health care workers. Although the latter is the mandate of the ministry of health, the responsibility for this important function has been shared with partners and donors, including the technical staff of the US government agencies. CDC staff has contributed by assisting with the development of policies and guidelines, assisting implementing partners to improve the technical quality of their care and treatment programs, and by providing direct technical assistance to sites and geographic areas not yet fully supported by other partners.

During FY 07 CDC will continue to work with government of Kenya agencies and non-governmental partners to initiate, maintain, and decentralize antiretroviral treatment programs. These services will include a broad range of activities including capacity building for health care workers, laboratory and pharmacy management, support for adherence, and for management of advanced HIV disease and toxicities. These services are very closely linked to palliative care services provided at the same sites. Technical activities of the CDC team include assisting with the development of appropriate monitoring tools, analyzing performance information to track progress toward planned results; using performance information to inform program decision-making and resource allocation; and communicating results achieved. The CDC Kenya care and treatment technical team includes one Direct Hire (USDH), five locally employed technical staff and one program assistant. The team is supported by locally employed drivers whose work is devoted to supporting care and treatment activities. In addition to enabling the technical staff to conduct regular field visits and technical supervision, the drivers participate in activities such as demonstration of point of use chlorination systems used to improve access to safe water, and assist with delivery of equipment and supplies required by the supported programs. The total proposed HTXS management budget for FY 2007 is US \$ 900,000 and will be distributed across expenditure categories.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 4924.08

Prime Partner: Partnership for Supply Chain Management Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 18815.08

Activity System ID: 18815

Mechanism: N/A

USG Agency: U.S. Agency for International Development Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$2,450,000

Activity Narrative: 1.LIST OF RELATED ACTIVITIES

This activity relates to SCMS activities in the following program areas: Laboratory Infrastructure, PMTCT, HVTB, and Blood Safety. It also supports all PEPFAR service-delivery activities.

2.ACTIVITY DESCRIPTION

SCMS will support PEPFAR Kenya's service delivery activities through provision of an uninterrupted supplies of commodities for ART services settings. Commodities will come through a regional warehouse established in Kenya (District Regional Center – DRC), significantly decreasing the lead-time in procurement. From the regional warehouse, supplies will enter into existing supply chain management systems, including the national distribution system, run by KEMSA, and in some cases, "buffer" stocks to ensure that PEPFAR supported sites have adequate supplies when there is national shortage. The project will receive forecasting and quantification information from existing in-country partners. This activity will also liaise and strengthen local procurement and distribution partners such as KEMSA and TBD/Mission Competitive Procurement, by working transparently and collaboratively with them. SCMS will be asked to procure commodities with a focus on results – ensuring not only that the product is delivered, but that there are the required maintenance, inputs and upgrades so that the target number of patients are served.

3.CONTRIBUTIONS TO OVERALL PROGRAM AREA

This program will contribute to provision of HTXS services by ensuring adequate supplies of needed commodities.

4.LINKS TO OTHER ACTIVITIES

This activity relates to all service delivery activities offering counseling and testing to pregnant women, as well as the SPS/MSH ARV Drugs activity in logistics information management, distribution support, and forecasting and quantification, the mission competitive procurement, KEMSA logistics and information management and distribution systems and SCMS procurements in Laboratory Infrastructure and PMTCT.

5.POPULATIONS BEING TARGETED

As this is a commodity procurement activity, there are no target populations. Target populations and numbers of people receiving the commodities are captured under the activities through which they receive care and treatment.

6.EMPHASIS AREAS The area of emphasis for this activity is commodity procurement.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14711, 14910, 14911, 14950, 16293, 16432, 14952, 14954, 14955

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14950	8757.08	6985	4924.08		Partnership for Supply Chain Management	\$454,417
16432	16432.08	7427	7427.08		Partnership for Supply Chain Management	\$1,000,000
16293	16293.08	6985	4924.08		Partnership for Supply Chain Management	\$720,000
14952	8754.08	6985	4924.08		Partnership for Supply Chain Management	\$825,000
14910	5008.08	6969	1242.08		Kenya Medical Supplies Agency	\$950,000
14954	8763.08	6985	4924.08		Partnership for Supply Chain Management	\$12,420,000
14955	12504.08	6985	4924.08		Partnership for Supply Chain Management	\$400,000
14911	8401.08	6969	1242.08		Kenya Medical Supplies Agency	\$700,000

Mechanism ID: 9253.08

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 21434.08

Activity System ID: 21434

Activity Narrative: Updated August 2008 reprogramming

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Mechanism: APHIA II - Nairobi

USG Agency: U.S. Agency for International Development Program Area: HIV/AIDS Treatment/ARV Services Program Area Code: 11

Planned Funds: \$1,950,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:3545.08Mechanism:Gold StarPrime Partner:Family Health InternationalUSG Agency:U.S. Agency for International
DevelopmentFunding Source:GHCS (State)Program Area:HIV/AIDS Treatment/ARV
ServicesBudget Code:HTXSProgram Area Code:11Activity ID:17254.08Planned Funds:\$200,000Activity System ID:172541725417254

Activity Narrative: THIS IS A NEW ACTIVITY

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in the ARV Services (HTXS) program area.

2. ACTIVITY DESCRIPTION

This activity aims to improve and standardize HIV treatment services in the private sector, and will leverage private sector resources already available through the new Goldstar Network implemented by Family Health International (FHI). In FY 2008 Goldstar will introduce and scale up the delivery of the new clinical mentorship training for comprehensive management of HIV infection for adults, adolescents and children to multidisciplinary mentors based in private sector health facilities. NASCOP's clinical mentorship training package (including ART job aids, orientation packages and relevant health education materials on ART, PMTCT, TB, STIs, FP, etc.) will be used by well-functioning private sector mentorship teams for training carefully selected multi-disciplinary mentorship teams from 30 target health facilities. Subsequently all facility-level mentors will be encouraged to regularly provide on-the-job orientation and support to 200 health workers using a cascade on-the-job (OJT) approach already implemented by JHPIEGO locally. This practical facility mentorship model will be introduced in all provinces. FHI/Goldsatr will participate in the MOH's Technical Working Group to ensure coordination of activities and compliance with MOH guidelines for service delivery. Goldstar will also collaborate with local support groups to involve people living with HIV/AIDS as part of the clinical team for comprehensive HIV care.

3. CONTRIBUTIONS TO OVERALL PROGRAM

This activity will contribute to the 2008 Emergency Plan result for improved quality of ART services for adults, adolescents and children through training of multidisciplinary private sector teams. A total of 200 health workers will be trained in comprehensive ART service provision and a total of 500 new patients are expected to initiate ART in this period.

4. LINKS TO OTHER ACTIVITIES

This activity is related to activities in the ARV Services (HTXS) program area and expands on the privatepublic-partnerships already initiated by this partner in Coast and Rift valley Provinces

5. POPULATIONS BEING TARGETED Private sector health workers, persons living with HIV/AIDS.

6. KEY LEGISLATIVE ISSUES ADDRESSED None.

7. EMPHASIS AREAS Human capacity development and training are the main emphasis areas.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14813, 14804

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14804	8797.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$2,300,000
14813	8813.08	6948	4913.08	APHIA II - Coast	Family Health International	\$4,900,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Workplace Programs

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership	
Estimated PEPFAR contribution in dollars	\$200,000
Estimated local PPP contribution in dollars	\$300,000

General population			
Children (under 5)			
Boys			
Children (under 5)			
Girls			
Children (5-9)			
Boys			
Children (5-9)			
Girls			
Ages 10-14			
Boys			
Ages 10-14			
Girls			
Ages 15-24			
Men			
Ages 15-24			
Women			
Adults (25 and over)			
Men			
Adults (25 and over)			
Women			
Other			
Business Community			
Discordant Couples			
People Living with HIV / AIE	S		

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	287.08
Prime Partner:	University of Manitoba
Funding Source:	GHCS (State)
Budget Code:	HTXS
Activity ID:	17881.08
Activity System ID:	17881

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: HIV/AIDS Treatment/ARV Services Program Area Code: 11 Planned Funds: \$269,000

Mechanism: N/A

Activity Narrative: PHE CONTINUING STUDY:

Project Title: A Targeted Cell Phone Intervention to Improve Patient Access to Care and Drug Adherence in Patients Taking Antiretroviral (ARV) Medications in Kenya

Name of Local Co- Investigator: University Manitoba

Project Description:

The project is aimed at harnessing mobile telephony (cell phones) to improve health communications and drug adherence among patients taking antiretroviral (ARV) medications for HIV/AIDS treatment. A nurse/counselor sends weekly SMS messages to study participants who are expected to respond as to whether they are doing ok or require assistance regarding their medications. Hypothesized benefits and measured outcomes include self report and pill count determined drug adherence, adherence to clinical follow-up, reporting of side effects, clinical and laboratory responses to therapy (including HIV viral load as the most sensitive biomarker), psychosocial impact, economic impact, and clinic flow.

Timeline: FY 2008 = Year 3 of activity Year started: Planning in 2006, enrollment in 2007. Expected year of completion: 2008.

Funding: Funds received to date: \$150,000USD Funds expended to date: \$35,000USD

Funds requested to complete the study: FY 08: \$201,000. Beyond FY08: Undetermined.

Describe funds leveraged/contributed from other sources:

Safaricom technology support and funding have been requested. Mobile internet hardware, software, and management consulting, including computer and GPRS service funding, are under consideration. If obtained, this will provide additional support to scalability and sustainability to the program as budgeted herein.

Status of Study:

Piloting of 12 subjects has been completed and main study enrollment has already begun at one site (Pumwani). Ethical approval has been obtained from the hosting and collaborating institutions. Approximately 40 participants have been enrolled (total target is 500 new ARV subjects and 500 ARV experienced patients), and enrollment is picking up. The second site, Kajiado District CCC, has hired staff, and will start enrolling study participants this month. Due to high patient recruitment at the Pumwani site, urban participant targets may be met at this single urban site. The Maragua District CCC site is still under negotiation as they have had other coincidental studies that may conflict. A third site (rural) is being considered therefore at Tigoni sub district site in Kiambu.

Lessons Learned:

Both staff and pilot study participants were very positive about the study. The main feedback from participants was that "it feels like somebody always cares". All piloted patients requested to continue in the program. A challenge will be automating the SMS tracking through use of mobile internet and software in order to be scalable. We are under discussion with the Safaricom corporate responsibility manager, who has recently shown keen interest, in addition to efforts by our IT/data staff.

Information Dissemination Plan:

Publication of findings in reviewed medical or public health journal and presentation of findings at international and regional conferences is the goal.

Planned FY08 Activities:

Enrollment of participants for the initial study should be completed by end 2007. Therefore follow-up will continue until mid 2008 for the 6 month follow-up. Analysis of data and preparation for publication and presentation will continue to end 2008. We would also like to extend the study and follow-up period to 1 year as this is a better indicator of sustained adherence benefits. Adjustments to the protocol at 6 months would be anticipated based on lessons learned from the first 6 months, and implemented for the extended period. Planning for integration of the initiative into scalable programs will also be undertaken.

Budget Justification for FY2008 Budget (USD):

Salaries/ fringe benefits: \$80,000 Equipment: \$10,000 Supplies: \$10,000 Travel: \$15,000 Participant Incentives: \$6,000 Laboratory Testing: \$78,000 Other: training and team building \$5,000 Total: \$201,000

Additional salary funding will ensure the program director, program coordinator, and study employees are able to complete follow-up and engage analysis and study reporting. The equipment costs will be used toward computer automating the protocol for scalability. Supplies costs include lab supply shortages from the first budget and supplies for project wrap up analysis and reporting. Travel funds will cover current shortages in local travel expenses (fuel, vehicle maintenance) as well as travel for an international conference presentation. Participant incentives are for snacks at the clinics to provide nourishment over clinic wait times cause by participation and data collection over three visits each. Training and team building sessions for all staff participants will be undertaken after all staff are initially employed and at the study wrap-up/debriefing.

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15025	4135.08	7013	287.08		University of Manitoba	\$100,000
15027	4136.08	7013	287.08		University of Manitoba	\$800,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations		
General population		
Ages 15-24		
Men		
Ages 15-24		
Women		
Adults (25 and over)		
Men		
Adults (25 and over)		
Women		
Other		
Discordant Couples		
People Living with HIV / AIDS		

Coverage Areas

Nairobi

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 17882.08

Activity System ID: 17882

Activity Narrative: PHE CONTINUING STUDY:

Project Title: Increasing Testing, Diagnosis and Treatment of Pediatric HIV infections

Name of Local Co- Investigator: Population Council, Eastern Deanery AIDS Relief Program, Elizabeth Glaser Pediatric AIDS Foundation, Christian Health Association of Kenya, and Kenya Network of Women with AIDS

Project Description:

Population Council has just completed a survey of 1,200 caretakers and 200 health workers (HWs) involved in pediatric AIDS management in 6 districts. The objective of the study is to assess demand- and supplyside barriers to pediatric HIV testing. During COP 07, study partners will design and implement communitybased interventions informed by the survey. These activities will continue into COP 08 during when an evaluation will be conducted. The research will adopt a quasi-experimental design with half the study sites as intervention and the others as comparison sites.

Timeline: FY 2008 = Year 3 of activity Year started: 2006 Expected year of completion: 2009

Funding: Funds received to date: 350,000 Funds expended to date: 350,000

Funds requested to complete the study: FY 08: \$100,000

Describe funds leveraged/contributed from other sources: N/A.

Status of Study: Analysis is presently under way.

Lessons Learned:

Preliminary findings suggest that the cost of health care has deterred at least 1/3 of caretakers from bringing their pediatric age children for treatment, and at least 50% have been deterred by the costs of drugs. Food is emerging as a major barrier to care with many community health workers noting that the opportunity costs of bringing children for treatment is often outweighed by the opportunity costs of earning money for food. Results are also indicting that many parents are willing to have their children tested for HIV were they offered the chance by the providers.

Information Dissemination Plan:

A data interpretation workshop with the study partners is planned for the 2nd week of August. There will also be a national dissemination on August 29, 2007. Population Council will continue disseminating study results at various other times including at small meetings, national scientific gatherings and internationally. Summary and full study reports are expected and will be widely disseminated electronically and hard copies. Peer-reviewed papers are also planned.

Planned FY08 Activities:

During COP 08, Population Council will intensify community-based interventions to increase uptake of testing and diagnosis of pediatric HIV infections. BCC strategies to reach caretakers and health care workers, where appropriate, with appropriate information on pediatric disease, will be developed based on the findings of the survey. The intervention will strengthen four service outlets to provide counseling and testing incorporating pediatric counseling and testing (indicator 6.1) and will include activities to increase awareness about HIV in children, how and where to access services (VCT and ART), and to support caregivers seek services. The intervention will also target caregivers in various clinical settings (e.g. PMTCT, VCT, FP, in-patient facilities) in order to encourage them to take their children for testing. The intervention will be evaluated after eight months of implementation.

Budget Justification for FY2008 Budget (USD):

Salaries/ fringe benefits: \$25500 Equipment: \$ -Supplies/office costs: \$4500 Travel: (Local)\$1500 Participant Incentives: \$ -Laboratory Testing: \$ -Other: (Research and subcontracts)\$40,000 Indirect \$28,500 Total: \$100,000 USG Agency: U.S. Agency for International Development

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$100,000

HQ Technical Area: New/Continuing Activity: New Activity Continuing Activity: Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	3575.08	Mechanism:	Contraceptive Research Technology and Utilization
Prime Partner:	Family Health International	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)	Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS	Program Area Code:	11
Activity ID:	17877.08	Planned Funds:	\$50,000
Activity System ID:	17877		

Activity Narrative: PHE CONTINUING STUDY:

Project Title: Understanding Fertility Desires and Demand for Contraceptive Use by Women on Antiretroviral Therapy at the Nakuru Provincial General Hospital, Rift Valley, Kenya

Name of Local Co- Investigator: This project is being undertaken in collaboration with MOH/DRH and they did not nominate a co-investigator to work with the FHI investigators

Project Description:

This subproject will provide information on the reproductive health needs of women on anti-retroviral therapy (ART), as well as important insights into sexual behavior in the era of ART. The subproject comprises a needs assessment study, an intervention and an evaluation. The needs assessment captures perceptions on fertility, fertility desires, contraceptive practices, and pregnancy among HIV-infected women on and not on ART, and HIV-uninfected women. In addition to informing the design of models for provision of family planning (FP) to HIV-infected women and couples, the information will be used to modify existing curricula and train 100 ART providers to deliver FP services to women attending ART services.

Timeline:

FY 2008 = Year 2007 of activity Year started: July 2007 Expected year of completion: September 2009

Funding:

Funds received to date: \$ 200,000 (\$ 300,000 yet to be received in COP 07) Funds expended to date: \$21,186

Funds requested to complete the study: FY08: \$50,000

Describe funds leveraged/contributed from other sources: In kind contribution from the MOH (infrastructure and human resources).

Status of Study:

The study is at the needs assessment stage. Research assistants' training was conducted June 18-22, 2007. Pre-test of data collection instruments was conducted July 26, 2007 at the Kenyatta National Hospital CCC and VCT. June 28-29, 2007, the study team organized and resolved logistic issues for data collection at the Nakuru Provincial General Hospital CCC and VCT. Data collection began July 2, 2007, and is projected to be completed November 2, 2007. Data entry screens were revised July 9-10, 2007. Data entry began July 11, 2007, and is projected to be completed November 9, 2007.

Lessons Learned:

· Protocol approval delays are unavoidable and adversely affect project timelines.

• Recruitment of HIV+ women is slow and dependent on daily client load and contraceptive use at the CCCs. The needs assessment might require an extension of 20 working days to provide time to achieve the desired sample size.

Information Dissemination Plan:

The findings will be shared with key stakeholders at both national and regional meetings. APHIA partners will specifically be targeted for information dissemination and TA provided to apply the evaluated model(s) in their programs. We will also explore opportunities at various APHIA II trainings and meetings to disseminate the findings whenever appropriate.

Assessment findings will inform revision of existing curricula to facilitate training of ART providers and facilitate the intervention design.

Planned FY08 Activities:

• Apply strategic information generated from COP 07 targeted evaluation to adapt global provider tools for provision of contraception for HIV+ women and couples to the Kenyan context.

• Produce the adopted/adapted provider tools for distribution to APHIA II supported regions.

• Train 20 ToTs ART providers with skills to address family planning needs of HIV-positive individuals and roll out service provider training in the regions.

Develop 10 CCCs as centers of excellence for training in provision of FP to HIV+ women and couples.

· Continue to refine models for FP delivery in ART settings

Budget Justification for FY2008 Budget (USD): 50,000

 Salaries/ fringe benefits:
 \$10,000

 Equipment:
 \$

 Supplies:
 \$250

 Travel:
 \$1,875

 Participant Incentives:
 \$375

 Laboratory Testing:
 \$

 Other: (training, adapting and producing intervention materials, M&E)
 \$37,500

 Total:
 \$50,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Nyanza

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3476.08 Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 17878.08

Activity System ID: 17878

Mechanism: South Rift Valley USG Agency: Department of Defense Program Area: HIV/AIDS Treatment/ARV Services Program Area Code: 11 Planned Funds: \$400,000

Activity Narrative: PHE CONTINUING STUDY:

Project Title: Utility of Viral Load Monitoring In Addition to Routine CD4 + WHO Clinical Staging In Patients Receiving Antiretroviral Therapy in the South Rift Valley of Kenya

Name of Local Co- Investigator:

1. Eunice Obiero, MBChB, MMED (Ministry of Health, Provincial ART Officer)

2. Hellen Muttai, MBChB, MPH (Kenya Medical Research Institute, South Rift Valley HIV Clinical Care Manager)

3. Douglas Shaffer, MD, MHS (US DOD/United States Military HIV Research Program, HIV Program Director)

Project Description:

Patients receiving ART are routinely monitored based upon Kenya MOH guidelines using WHO staging and CD4. Research equipoise exists if additional viral load (VL) testing would identify treatment failures earlier or missed all together, which ultimately has impact upon potential resistance. This 12-month randomized controlled trial compares clinic-based routine care (CD4+WHO Stage) versus viral load supplemented care (new MOH: VL+CD4+WHO Stage) with viral failure powered (n=600) as the primary outcome. Secondary outcomes include death, hospitalization, OI, WHO Stage, loss-to-follow-up, viral resistance, adverse events, proportion second line, and agreement between CD4+WHO Stage vs. "blinded" VL in the routine care arm.

Timeline:

FY 2008 = Year 2 of activity Year started: FY2007

Expected year of completion: FYO8 (depending upon enrollment rate & final follow-up/analyses: into FY09)

Funding:

Funds received to date: None (FY07 budget = \$ 166,760) Funds expended to date: \$ 106,275 (obligated based upon approval to proceed/funds pending)

Funds requested to complete the study: FY 08: \$400,000 Beyond FY08: None

Describe funds leveraged/contributed from other sources:

1. Professional contribution/participation at no charge: Dr. Muttai (KEMRI; PI), Dr. Shaffer (US DOD Kenya; PI), Dr. Sawe (KEMRI; Associate Investigator [AI]), Dr. Kiptemas (KEMRI, AI), Dr. Shikuku (KEMRI, Lab), Mr. Langat (KEMRI/Lab), Ms. Tarus (KEMRI/Pharmacy), Dr. Marovich (US DOD/USA-ID Expert consultant/AI), Dr. Oster (US DOD/USA-ID Expert consultant/AI), and Dr. Nelson Michael (US DOD/USA-Lab Expert consultant/AI).

2. Laboratory services (CD4, viral load, resistance) at cost only: Kenya Medical Research Institute/Walter Reed Project (Kericho) and United States Military HIV Research Program (Rockville, MD; USA).

Status of Study:

The study protocol is under development and preparation for reviews (O-GAC, KEMRI IRB, WRAIR IRB) based upon the fact it was learned in late May that the PHE may proceed and the proposal/protocol has been modified based upon earlier O-GAC feedback (i.e. more stringent prospective methods; additional clinical descriptors (outcomes).

Lessons Learned: N/A

N/A

Information Dissemination Plan:

Results will be presented initially internally within the study key stakeholders (Kenya MOH [NASCOP including ART ITT], KEMRI, & United States Military HIV Research Program) as well as O-GAC. Subsequently, results will be submitted for national and international meeting presentations as well as scientific journal peer review.

Planned FY08 Activities:

In FY08, we plan to undertake the following activities:

1. Continue enrollment and follow of patients.

2. Cost-outcome analysis of using viral load versus CD4 + WHO monitoring based upon primary and secondary outcomes.

Budget Justification for FY2008 Budget (USD):

Salaries/ fringe benefits:	\$138,000	\$138,000			
Equipment	\$0				
Supplies:	\$38,000				
Travel (ID Expert to Kenya) and vehicle co	ost \$12,500				
Participant Incentives, defaulter tracing an	nd home visits	\$31,000			
Training	\$14,500				
Laboratory Testing:	\$14,800				
Other: TA (Health Economist Expert)	\$20,000				
Communication	\$8,000				
Overheads (22%; 12 WRAIR, 10% KEMRI) \$83,200					
Contingency (10%)	\$40,000				
Total:	\$400,000				

HQ Technical Area:

Continuing Activity:

Related Activity: 14908

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14908	6973.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$7,170,714
Emphasis Ar	reas					
PHE/Targeted	d Evaluation					
Food Suppor	rt					
Public Privat	e Partnership					

Coverage Areas

Rift Valley

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 182.08 Prime Partner: Population Council

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 17879.08

Activity System ID: 17879

Mechanism: Horizons USG Agency: U.S. Agency for International Development Program Area: HIV/AIDS Treatment/ARV Services Program Area Code: 11 Planned Funds: \$50,000

Activity Narrative: PHE CONTINUING STUDY:

Project Title: Prevention with Positives: A community-based approach

Name of Local Co- Investigator: Population Council and International Center for Research on Health (ICRH)

Project Description:

A recently-completed Population Council study in Mombasa shows that 40% of HAART patients do not know the status of their regular partner, and 20% had not disclosed own HIV status to regular partner. 72% of married HAART patients have had unprotected sex with their spouse during the previous 12 months. In Kenya, 90% of HIV+ individuals are well, living in the community and not necessarily linked to the health system. There is need to reach them with prevention messages to avoid their own re-infection, and encourage them not to infect others. The present study explores the risk behaviors of community-based HIV -infected individuals (n=800) in Mombasa.

Timeline: FY 2008 = Year 2 of activity Year started: 2007 Expected year of completion: 2009

Funding:

Funds received to date: \$200,000 (COP 06) Funds expended to date: \$200,000

Funds requested to complete the study: FY 08: \$50,000

Describe funds leveraged/contributed from other sources: N/A.

Status of Study:

Data collection ends July 31, 2007. Data collection using snow-balling techniques with members of PLHIV as seeds. Interviews being conducted on Palm Pilots. Study is exploring risk exposure, disclosure, and concurrent partnership through a grid method. Project has been funded at \$200,000 for COP 07. During COP 07, the data will be used to design a community-based PwP intervention using CDC-developed materials (discussions with CDC at advanced stages). Intervention will use community health workers and peer educators in health centers and in post test clubs to reach HIV+ individuals.

Lessons Learned:

Data collection still under way. But study indicates that HIV+ individuals can be identified in the community using these methodologies. In addition, Palm Pilot data collection is feasible with minimal input.

Information Dissemination Plan:

Data interpretation workshop for partners to be held when baseline completed. After data cleaning, results to be shared publicly. Summary reports and full report to be prepared and disseminated electronically and hard copies.

Planned FY08 Activities:

In COP08 Population Council and ICRH will finalize intervention and evaluate it. Targets proposed for COP08 are: Four service outlets strengthened to provide counseling and testing incorporating PwP strategies (indicator 6.1); 400 individuals receiving C&T for HIV and receive their test results including PwP counseling (indicator 6.2); four local organizations (i.e. health facilities provided with technical assistance for strategic information activities in PwP approaches (indicator 11.1); and 20 individuals provided with strategic information and training (indicator 11.2).

Budget Justification for FY2008 Budget (USD):

Salaries/ fringe benefits: Equipment:	\$13,000 \$ -
Supplies/office costs:	\$2,000
Travel: (Local)	\$1,000
Participant Incentives:	\$ -
Laboratory Testing:	\$ -
Other: (Research and sul	bcontracts) \$20,000
Indirect	\$14,000
Total:	\$50,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 288.08 Prime Partner: University of California at San Francisco Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 17880.08

Activity System ID: 17880

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: HIV/AIDS Treatment/ARV Services Program Area Code: 11 Planned Funds: \$100,000

Mechanism: N/A

Activity Narrative: PHE CONTINUING STUDY:

Project Title: The demand for family planning services among HIV-infected individuals receiving care and treatment in Nyanza Province.

Name of Local Co- Investigator: KEMRI and UCSF-FACES

Project Description:

This study is a cluster-randomized trial comparing the effects of integrating family planning (FP) services into HIV care and treatment programs on contraceptive uptake, contraceptive continuation, and unintended pregnancy rates. The study will compare the integration of FP services into HIV care and treatment versus the standard referral for FP services outside of HIV care and treatment programs. The study will be conducted in FACES-affiliated clinics in Nyanza Province, Kenya.

Timeline: FY 2008 = Year 2 of activity Year started: Year 1 funding cycle began April 2007 Expected year of completion: 2009

Funding:

Funds received to date: \$79,290 Awarded; not yet received (pending IRB approvals) Funds expended to date: Expenses to be charged once funds are received.

Funds requested to complete the study: FY 08: \$100,000 Beyond FY08: TBD

Describe funds leveraged/contributed from other sources:

This study will benefit from funds allocated for a related study, "INTEGRATION OF HIV CARE AND TREATMENT INTO MCH IN MIGORI DISTRICT, KENYA" a two-year Public Health Evaluation funded by the CDC (2007-2009) (PI: Craig Cohen)

Status of Study:

Developed protocol in consultation with investigators and staff from KEMRI and FACES

• Submitted the protocol to Ethical Review Committees at KEMRI and UCSF. KEMRI SSC requested revisions and those have been submitted, approval is pending. UCSF approval is pending.

• Established contact with other researchers doing similar work in Africa (including Di Cooper in South Africa and EngenderHealth in Uganda to get feedback on study design and validated instrument use.

• Developed comprehensive patient enrollment and patient follow-up forms. The clinical information (history, physical exam, and laboratory data) will be inputted into a database. The new electronic database has been built and will be used for research purposes and for patient follow-up. These new patient data forms and database have been piloted and refined based on provider and technical feedback. The system will launch at Lumumba Health Centre on 23 July 2007.

• Begun exploring what materials are available for provider training and client regarding family planning in the HIV context of care (part of the intervention plans)

Lessons Learned:

• Working closely with program and other related research has been an important means to maximize resources and streamline logistics.

• There is a need to plan separate funds for study training and to increase data entry funding allocation; these expenses were under-budgeted in the year 1.

Information Dissemination Plan:

Upon completion of the study, results will be disseminated at the district, provincial, national, and international levels and among local NGOs and FBOs engaged in health care. The findings will help guide research, policy, and interventions in the area of integrating family planning into HIV care, therefore results will also be shared and discussed with the MCH and ART technical committees, the Nyanza Provincial ART Coordinator, NASCOP, and at the weekly CDC-sponsored colloquium on HIV research in Kisumu. At study conclusion, a manuscript will be submitted to HIV/AIDS-related publications.

Planned FY08 Activities:

We hope to have completed the baseline data collection and implemented the intervention to train clinicians and peer educators this year (by April 08). Next year we will be collecting and analyzing data at all sites.

Budget Justification for FY2008 Budget (USD):

 Salaries/ fringe benefits:
 \$73,000

 Equipment:
 \$

 Supplies:
 \$1,000

 Travel:
 \$5,000

 Participant Incentives:
 \$1,000

 Laboratory Testing:
 \$

 Other:
 \$10,000

 Indirect costs (26%)
 \$10,000

 Total:
 \$100,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17847, 15023

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15023	4138.08	7011	288.08		University of California at San Francisco	\$4,930,305

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Nyanza

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 521.08

Prime Partner: Indiana University

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 4234.08

Mechanism: USAID-AMPATH Partnership USG Agency: U.S. Agency for International Development Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$6,800,000

Activity System ID: 14832

Activity Narrative: N/A (exempt)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6899

Related Activity: 14827, 14828, 14829, 14831

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20505	4234.20505. 09	U.S. Agency for International Development	Indiana University	9073	521.09	USAID- AMPATH Partnership	\$2,800,000
20504	4234.20504. 09	U.S. Agency for International Development	Indiana University	9073	521.09	USAID- AMPATH Partnership	\$6,100,000
6899	4234.07	U.S. Agency for International Development	Indiana University School of Medicine	4230	521.07		\$11,200,000
4234	4234.06	U.S. Agency for International Development	Indiana University School of Medicine	3254	521.06		\$7,845,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14827	4233.08	6953	521.08	USAID-AMPATH Partnership	Indiana University	\$600,000
14828	5103.08	6953	521.08	USAID-AMPATH Partnership	Indiana University	\$2,000,000
14829	4235.08	6953	521.08	USAID-AMPATH Partnership	Indiana University	\$1,200,000
14831	8758.08	6953	521.08	USAID-AMPATH Partnership	Indiana University	\$500,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * TB

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	18	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	12,900	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	42,900	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	39,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	600	False

Indirect Targets

Target Populations

G	eneral population
Cl	hildren (under 5)
	Boys
Cl	hildren (under 5)
	Girls
Cl	hildren (5-9)
	Boys
Cl	hildren (5-9)
	Girls
Ag	ges 10-14
	Boys
Ag	ges 10-14
	Girls
Ac	dults (25 and over)
	Men
Ac	dults (25 and over)
	Women
O	ther
Pe	eople Living with HIV / AIDS

Coverage	Areas
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Rift Valley

Western

Nyanza

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 305.08

Prime Partner: International Rescue Committee Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 4809.08

Activity System ID: 14846

Activity Narrative: N/A (exempt)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6914

Related Activity: 14840, 14843, 14844, 14845

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: HIV/AIDS Treatment/ARV Services Program Area Code: 11

Planned Funds: \$350,000

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20523	4809.20523. 09	HHS/Centers for Disease Control & Prevention	International Rescue Committee	9076	305.09		\$40,000
20522	4809.20522. 09	HHS/Centers for Disease Control & Prevention	International Rescue Committee	9076	305.09		\$320,000
6914	4809.07	HHS/Centers for Disease Control & Prevention	International Rescue Committee	4235	305.07		\$280,000
4809	4809.06	HHS/Centers for Disease Control & Prevention	International Rescue Committee	3225	305.06		\$220,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14840	4150.08	6956	305.08		International Rescue Committee	\$80,000
14843	4148.08	6956	305.08		International Rescue Committee	\$200,000
14844	12458.08	6956	305.08		International Rescue Committee	\$50,000
14845	4774.08	6956	305.08		International Rescue Committee	\$200,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	4	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	100	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	400	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	300	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	50	False

Indirect Targets

Target Populations

General population	
Children (under 5)	
Boys	
Children (under 5)	
Girls	
Children (5-9)	
Boys	
Children (5-9)	
Girls	
Ages 10-14	
Boys	
Ages 10-14	
Girls	
Ages 15-24	
Men	
Ages 15-24	
Women	
Adults (25 and over)	
Men	
Adults (25 and over)	
Women	
Special populations	
Most at risk populations	
Incarcerated Populations	
Other	
People Living with HIV / AIDS	
Refugees/Internally Displaced Per	sons

Coverage Areas

Rift Valley

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 353.08 Prime Partner: Internews

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 4172.08

Mechanism: TBD USG Agency: U.S. Agency for International Development Program Area: HIV/AIDS Treatment/ARV Services Program Area Code: 11 Planned Funds: \$400,000 Activity System ID: 14851

Activity Narrative: N/A (exempt)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6915

Related Activity: 14847, 14848, 14849, 14850, 14852

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20531	4172.20531. 09	U.S. Agency for International Development	Internews	9077	353.09	Voices in Health	\$400,000
6915	4172.07	U.S. Agency for International Development	Internews	4236	353.07	Local Voices	\$300,000
4172	4172.06	U.S. Agency for International Development	Internews	3234	353.06	Local Voices	\$311,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14847	4173.08	6957	353.08	TBD	Internews	\$110,000
14848	8705.08	6957	353.08	TBD	Internews	\$150,000
14849	9076.08	6957	353.08	TBD	Internews	\$100,000
14850	4174.08	6957	353.08	TBD	Internews	\$200,000
14852	4175.08	6957	353.08	TBD	Internews	\$300,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Target Populations

C	General population
C	Children (under 5)
	Boys
C	Children (under 5)
	Girls
C	Children (5-9)
	Boys
C	Children (5-9)
	Girls
A	Ages 10-14
	Boys
A	Ages 10-14
	Girls
A	Ages 15-24
	Men
A	Ages 15-24
	Women
A	Adults (25 and over)
	Men
A	Adults (25 and over)
	Women
C	Dther
E	Business Community
F	People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	2328.08	Mechanism:	Capacity Project
Prime Partner:	IntraHealth International, Inc	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)	Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS	Program Area Code:	11
Activity ID:	4316.08	Planned Funds:	\$5,500,000
Activity System ID:	14854		
Activity Narrative:	N/A (exempt)		
HQ Technical Area:			
New/Continuing Activity:	Continuing Activity		
Continuing Activity:	6919		
Related Activity:	14853, 16503, 14855, 14856		

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20536	4316.20536. 09	U.S. Agency for International Development	IntraHealth International, Inc	9078	2328.09	Capacity Project	\$4,900,000
6919	4316.07	U.S. Agency for International Development	IntraHealth International, Inc	4237	2328.07	Capacity Project	\$4,100,000
4316	4316.06	U.S. Agency for International Development	IntraHealth International, Inc	3300	2328.06	Capacity Project	\$4,407,274

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14853	8647.08	6958	2328.08	Capacity Project	IntraHealth International, Inc	\$600,000
16503	16503.08	6958	2328.08	Capacity Project	IntraHealth International, Inc	\$100,000
14855	5361.08	6958	2328.08	Capacity Project	IntraHealth International, Inc	\$750,000
14856	8693.08	6958	2328.08	Capacity Project	IntraHealth International, Inc	\$1,665,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Target Populations

•		
General population		
Children (under 5)		
Boys		
Children (under 5)		
Girls		
Children (5-9)		
Boys		
Children (5-9)		
Girls		
Ages 10-14		
Boys		
Ages 10-14		
Girls		
Ages 15-24		
Men		
Ages 15-24		
Women		
Adults (25 and over)		
Men		
Adults (25 and over)		
Women		
Other		
Pregnant women		
Business Community		
Discordant Couples		
People Living with HIV / AIDS		
HLAB - Laboratory Infrastructure		
Program Area:	Laboratory Infrastructure	
Budget Code:	HLAB	
Program Area Code:	12	
Total Planned Funding for Program Area:	\$27,650,000	
Estimated PEPFAR contribution in dollars		\$0

Program Area Context:

HLAB Program Narrative COP 2008

Key Result 1: Increased capacity of health systems, including improved logistics management and distribution resulting in fewer test kits or reagent stock-outs for HIV testing and care, and increased numbers and quality of human resources at laboratories at all levels.

Key Result 2: Improved quality and quality assurance for services at more than 60 Kenyan Ministry of Health (MOH) laboratories and more than 1,500 sites providing HIV rapid testing in support of HIV prevention and treatment programs

Key Result 3: Continued implementation of the Medical Laboratory Services of Kenya National Policy guidelines and the 2005-2010 Strategic Plan, with national and regional laboratories effectively serving as reference laboratories for the country

CURRENT PROGRAM CONTEXT AND STATISTICS

Laboratory systems in Kenya consist of Division of Laboratory Diagnostic Services within the MOH, a National Reference Laboratory (with responsibility for conducting reference laboratory testing related to HIV serology, biochemistry and hematology, CD4 testing, and other services supporting HIV treatment as well as testing for surveillance activities), a Central TB reference laboratory, a Central Microbiology Laboratory, and a network of two referral hospital labs, eight provincial hospital labs, more than 20 high-volume district hospital labs, over 60 labs at other health facilities, and more than 1,500 sites providing rapid testing for HIV. Several laboratories outside of this network have supported national and regional labs, including those at the Kenya Medical Research Institute (KEMRI) and that also support research programs, including the Indiana University-supported laboratory in Eldoret, a DOD-supported laboratory in Kericho, and a CDC-supported laboratory in Kisumu.

SERVICES

Key accomplishments include development of a national laboratory strategic plan, renovation and equipping of the National Reference laboratory, infrastructure improvements in 16 provincial and high-volume district hospital labs, and support for training in various aspects of laboratory capacity. In addition, a computerized laboratory information management system has been established and the national public health laboratory supports key surveillance activities such as the 2003 Demographic and Health Survey (DHS) and the 2007 Kenya AIDS Indicator Survey (KAIS).

By 2007, the Kenya Medical Supplies Agency (KEMSA) was successfully distributing the national supply of rapid HIV test kits and several important elements of a comprehensive quality assurance program had been established, including enrollment of four laboratories in an External Quality Assessment Schemes (EQASS) program for qualitative PCR for early infant diagnosis, and enrollment of 20 laboratories in an international EQAS program for CD4 cell count testing. A long-term training program has provided a small number of highly-qualified laboratorians to take on key management functions; a USG supported capacity building program supported hiring of 30 laboratory technologists in key MOH lab sites. Laboratory networks for sample transport, testing, and quality assurance have been established in key locations, such as in Nyanza Province and South Rift Valley Province. Important infrastructure improvements for the central TB reference laboratory and the central microbiology laboratory are being undertaken with 2007 plus-up funds.

In 2008, the Emergency Plan (EP) will continue to strengthen the national lab system through support for key management personnel, including ongoing training to improve capacity of existing personnel and time-limited salary support for management staff while awaiting the availability of regular MOH staff for these positions. Substantial funding has been allocated to support continued infrastructure improvements. Centralized procurements will begin to address the need for common equipment with standard automated chemistry and hematology analyzers to be placed at provincial and high-volume district hospitals. Rapid HIV test kits, reagents for CD4 testing, and chemistry and hematology reagents for these analyzers will be procured centrally though the Supply Chain Management System (SCMS) and distributed through KEMSA.

The national public health laboratory will receive continued funding to support and expand supervision efforts and for establishment and expansion of quality assurance systems for hematology, chemistry, and CD4 testing. A new approach to quality assurance for rapid HIV testing will include reduced numbers of validation tests (likely restricted to testing when results of initial rapid tests were discordant) and development of proficiency panels. The central TB reference laboratory will also receive support (see TB/HIV program area) to strengthen AFB smear microscopy, conduct cultures, drug sensitivity testing, supportive supervision, and quality assurance programs.

REFERRALS AND LINKAGES

Many international and local partners will support specific aspects of this expansion and continued capacity building. The Association of Public Health Labs (APHL) will support both expansion of the laboratory management information system to include regional and district laboratories, and lab training in high-level lab management. The American Society for Clinical Pathology (ASCP) will support continued training, include bench work, in the areas of general laboratory management, chemistry, hematology, and CD4 testing and development and application of standards for MOH laboratories. American Society for Microbiology (ASM) will provide assistance for strengthening lab diagnosis of TB and opportunistic infections (OIs). These international agencies will engage local partners as appropriate to support movement of labs towards accreditation according to international benchmarks.

The SCMS will standardize equipment for high-volume ART sites and procure high-volume commodities for central distribution; in collaboration with Management Sciences for Health (MSH), assist logisticians at NPHL and KEMSA to quantify, order, and distribute laboratory commodities; and support further development of systems to ensure appropriate distribution and minimize loss due to short expiry dates. Commodities procured in high-volumes include rapid HIV test kits, reagents and supplies for CD4 testing, and chemistry and hematology reagents for standardized machines. SCMS will provide financial support for commodity distribution to KEMSA. Members of the laboratory technical working group will provide short-term TDY assistance in a variety of specific technical areas.

The Capacity Project will continue to engage laboratory technologists to fill gaps in key network facilities and, in 2008, will assist in hiring for key higher-level management in the MOH, particularly in the Division of Diagnostic Lab Services. In-country partners including KEMRI, the DOD, and CDC will provide daily support to the national Public Health Lab system. This support will include

"off-loading" some of the referral level testing burden, including EQAS testing, PCR testing for infant diagnosis, and TB culture and drug sensitivity testing as well as day-to-day technical assistance with implementation of laboratory aspects of evaluation and surveillance activities.

WORK OF HOST GOVERNMENT AND OTHER IMPLEMENTING PARTNERS

The Laboratory Interagency Coordinating Committee continues to link the MOH with technical partners and donors. It has finalized the national laboratory policy guidelines and strategic plan, which donors will assist in implementing in 2008. Further development of technical advisory committees within this sub-group is also expected in 2008. The National Technical Committee on Laboratory and Blood Safety continues to monitor the performance of HIV test kits, and recommend appropriate test algorithms and technologies for monitoring ART. Key inputs from other partners/bilateral donors include provision of HIV tests kits for infant diagnosis by the Clinton Foundation; support for training in collection of dried blood spots; and HIV test kits from both the Japan International Cooperation Agency and DFID.

OUTSTANDING CHALLENGES AND GAPS

HIV test kit shortages have been the major barrier in rapid scale-up of testing and prevention and treatment programs linked to it. The EP will continue to support a substantial proportion of HIV test kit procurement in Kenya. Another key barrier has been the absence of standardized equipment in MOH networked labs, particularly for chemistry analysis. In 2008, for the first time, EP funds will be sufficient to support procurement of standard automated equipment for chemistry and hematology for the bulk of high -volume labs in Kenya. This will give the MOH bargaining power and facilitate centralized procurement of reagents, standardized maintenance contracts, training, and quality assessment activities.

The most significant barrier to building sustainable lab capacity is the limited number of higher-level management personnel within the Division of Diagnostic Lab Services of the Ministry of Health. The EP will facilitate filling some of these positions on a short-term basis. In the meantime, efforts are ongoing to support training of appropriate MOH staff to take on higher-level management responsibilities, for example, through the Field Epidemiology and Lab Training Program supported by CDC with non-EP funds. For the past several years, a key element of assuring quality in the rapid HIV testing program has been to conduct validation testing on a sample of tests; currently, this system is unable to meet the needs of a rapidly expanding rapid testing effort (in which Kenya anticipates doing 5,000,000 HIV rapid tests). Despite some improvements, infrastructure remains weak; scores of labs still require renovations and infrastructure improvements. Global Fund procurement also remains slow and unreliable.

Program Area Downstream Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	630
12.2 Number of individuals trained in the provision of laboratory-related activities	1787
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	15940500

Custom Targets:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 2328.08	Mechanism: Capacity Project
Prime Partner: IntraHealth International, Inc	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 5361.08	Planned Funds: \$750,000
Activity System ID: 14855	

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV services (#6919), System Strengthening (#8693) and Prevention of Mother To Child Transmission (#8647).

2. ACTIVITY DESCRIPTION

This activity supports the management, supervision, and administration of the 90 laboratory technicians hired by Capacity to primarily government facilities. In addition to filling critical gaps in HIV/AIDS laboratory services, the new hires support anti-retroviral therapy (ART) screening and monitoring, HIV care and prevention services. This project assists in providing critical human resource management support to ensure increased service delivery for better health outcomes, specifically in HIV/AIDS at recipient sites. The availability and retention of trained laboratory personnel, particularly in the public health sector, is the cornerstone of Kenya's response to the health needs of the country and its response to the HIV/AIDS epidemic. Currently, Kenya's public health sector and not-for-profit health organizations are overwhelmed by the strain of coping with HIV/AIDS prevention, treatment, care and support in addition to other priority health services. Their human resource systems are also unable to keep up with requirements for HIV/AIDS program planning, management and implementation. This ground breaking emergency hiring and training program seeks to increase resources in qualified human capital that will be made available to Kenya's public health sector. In areas where the bulk of health care services including ARVs are provided by facilities managed by faith-based organizations and where they are clearly faced with staffing shortages, the program has attracted and deployed health workers in such facilities. Specifically, this initiative will enhance the capacity of the public health sector in Kenya to initially expand access to treatment and care for HIV/AIDS patients and also strengthen the provision of quality health programs especially in rural priority posts. The project shall consider various approaches that hold promise for enhancing and sustaining the local health workforce both in the short and long term. As such, this initiative should be envisioned as a strategic and humanitarian intervention in a setting that currently lacks sufficient and adequately qualified health workers to mount an effective counterattack on HIV/AIDS and continue to provide other essential health services at the same time. All the available evidence seems to suggest that without such reinforcement of critical cadres of human resources for health, PEPFAR as well as the Ministry of Health's ambitious coverage and treatment targets for Kenya will be difficult if not impossible to achieve. The objectives of this emergency hiring plan are: 1) to develop and implement a fast-track hiring and deployment model that will mobilize 90 additional laboratory workers and deploy them in the public sector to urgently tackle the HIV/AIDS crisis; 2) to develop and implement training programs that will rapidly address the gaps in skills and competencies for the laboratory workers; and 3) to design and implement a monitoring, quality assurance and support system that will enable the laboratory workers at sites to increase their efficiency and effectiveness. In 2007 and 2008, the Emergency Hiring Plan (EHP) will strengthen the health sector systems to improve and sustain the new hires and facility performance to deliver the essential services. Capacity will document and develop tools and initiatives that will improve job satisfaction, supervision systems and retention for the new hires. The new hires salaries have been matched with the Ministry of Health salaries according to position and qualifications and will be paid on time at the end of each month. At the same time, Capacity will implement long-term human resource planning with the Ministry of Health. The EHP can only generate sustainable results if its lessons and promising practices are taken up, applied and combined with existing effective measures to address all the components of the Human Resources in Health (HRH) Framework. It will be important to ensure appropriate skills amongst health workers to meet the health needs of the Kenyan population, which means expansion of educational opportunities and curricula reforms. With donor support, the MOH recently completed a three year Human Resource Strategic Plan and implementation plan. The MOH will need to be encouraged and supported to take this strategic initiative forward. This project will work with health sector leaders and primary stakeholders to strengthen HRH within the national health system, assist the ministry to develop core technical capacity in HRH planning, management and offer support by a) providing targeted technical assistance to assist the MOH with the implementation of the 3 year HR strategic plan b) introducing an integrated human resource information system (HR IS), c) streamlining and strengthening HR management processes and practices especially recruitment, deployment, transfers, supervision and performance management and linking HR and payroll data, d)enrolling selected HRH leaders and managers in a leadership development course, and d) working with the OCPD on and MOH divisions to standardize curricula as needed, and e) expanding the Work Climate Improvement Initiative that seeks to improve job satisfaction and aid retention, to sites with new hires.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Capacity will support the 90 laboratory personnel who will provide HIV and AIDS services to selected sites across the country.

4. LINKS TO OTHER ACTIVITIES

Health care providers will be deployed to sites around Kenya with the greatest need in order to meet PEPFAR targets in those areas. Most of these facilities are GOK facilities, and many are supported by PEPFAR partners. This activity links to Capacity activities in other program areas as well: PMTCT (#8647), ARV Services (#6919), System Strengthening (#8693).

5. POPULATIONS BEING TARGETED

This project targets laboratory technicians primarily in the public sector, and MOH policymakers, HR administrators, and hospital supervisors.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address the issue of increasing gender equity in HIV/AIDS programs.

7. EMPHASIS AREAS

The major emphasis area for this project is human resources as it manages and seeks to retain 90 laboratory personnel to scale up HIV/AIDS services. Minor emphasis areas are Policy and Guidelines and QA/QI/SS, as Capacity will work with the MOH on implementation of its Human Resource in Health policy, and seeks to improve on-site supervision through its Workforce Mobilization Program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6920

Related Activity: 14853, 16503, 14854, 14856

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20538	5361.20538. 09	U.S. Agency for International Development	IntraHealth International, Inc	9078	2328.09	Capacity Project	\$750,000
6920	5361.07	U.S. Agency for International Development	IntraHealth International, Inc	4237	2328.07	Capacity Project	\$700,000
5361	5361.06	U.S. Agency for International Development	IntraHealth International, Inc	3300	2328.06	Capacity Project	\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14853	8647.08	6958	2328.08	Capacity Project	IntraHealth International, Inc	\$600,000
16503	16503.08	6958	2328.08	Capacity Project	IntraHealth International, Inc	\$100,000
14854	4316.08	6958	2328.08	Capacity Project	IntraHealth International, Inc	\$5,500,000
14856	8693.08	6958	2328.08	Capacity Project	IntraHealth International, Inc	\$1,665,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	10	False
12.2 Number of individuals trained in the provision of laboratory-related activities	90	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Indirect Targets

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 210.08 Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State) Budget Code: HLAB Activity ID: 17885.08 Activity System ID: 17885 Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Laboratory Infrastructure Program Area Code: 12 Planned Funds: \$300,000

Activity Narrative: PHE CONTINUING STUDY:

Project Title: Feasibility and operational implications of HIV, CD4 and viral load testing in the comprehensive package study in the demographic surveillance study area

Name of Local Co- Investigators: Kenya Medical Research Institute and CDC-Kenya staff

Project Description:

This project evaluates the feasibility and operational implications of HIV, CD4 and viral load testing in a population with near universal knowledge of HIV status and one of the highest HIV prevalence rates in Kenya. Specific questions will address the amount of testing required, transport and timing issues, laboratory capacity, quality assurance, and costs. The evaluation will also assess whether community health workers who provide ART prescription refills can also draw blood for CD4 and viral load testing, arrange transport to the laboratory, and receive and report back testing results. These questions will be investigated in a matched cluster-randomized trial with a two by two factorial design within the comprehensive package study in the demographic surveillance site in Western Kenya.

Timeline:

FY 2008 = Year 2 of activity Year started: '07 Plus Up SI funding; so beginning late in '07. Expected year of completion: 2010

Funding: Funds received to date: \$0 Funds expended to date: \$0

Funds requested to complete the study: FY 08: 300,000 Beyond FY08: \$150,000 for FY09

Describe funds leveraged/contributed from other sources:

This PHE is nested in the larger Comprehensive Package Study which is also supported by other PEPFAR-Kenya program areas. In addition, the CPS leverages the DSS which is jointly supported by several CDC Divisions through KEMRI. Through this platform, we are able to use rigorous methods to address our laboratory questions and obtain population-level impact data at very low cost. In addition, 85,000 people will benefit from comprehensive HIV prevention, care and treatment services as part of this study.

Status of Study:

A protocol has been drafted and is being reviewed by MOH, KEMRI, CDC and other collaborators. Staffing plans and SOPs are currently being drafted. As soon as '07 Plus-Up Funding becomes available and IRB approval is finalized, baseline study implementation as well as service delivery, including home-based VCT for the whole study population, will begin.

Lessons Learned: N/A at this time

Information Dissemination Plan:

Results will be disseminated through the laboratory Technical Working Group at the national level as well as through regional meetings for laboratory providers. In addition, we will share results with PEPFAR implementing partners as well as the PEPFAR USG Kenya team.

Planned FY08 Activities:

During FY08, service delivery and evaluation will continue until the entire study population of Gem has been covered. During FY08, analysis of baseline laboratory data will allow for completion of part of the questions above, e.g. the amount of testing needed and preliminary results on operational implications. Results will be disseminated and used to inform national policy and scale-up plans as well as PEPFAR '09 planning.

Budget Justification for FY2008 Budget (USD):

fits: \$90,000
\$80,000
\$25,000
\$30,000
s:\$ -
\$75,000
6 -
\$300,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Pregnant women
Discordant Couples
People Living with HIV / AIDS

Coverage Areas

Nyanza

Table 3.3.12: Activities by Funding Mechansim

Prime Partner: Regional Procurement Support Office/Frankfurt

Funding Source: GHCS (State)

Mechanism ID: 4061.08

Budget Code: HLAB

Activity ID: 18098.08

Activity System ID: 18098

Mechanism: N/A USG Agency: Department of State / African Affairs Program Area: Laboratory Infrastructure Program Area Code: 12 Planned Funds: \$2,750,000

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to SCMS activities in other program areas: PMTCT (#8757), Treatment: ARV Services (#8854), Counseling and Testing (#8783), and TB/HIV (#8754). It also supports all PEPFAR service-delivery activities.

2. ACTIVITY DESCRIPTION

This new activity is an effort to maintain a continuous flow of HIV test kits through a rapid response back up /buffer procurement mechanism. In the FY 08, funding (\$2 million) is requested for State Department for procurement of test kits through the Regional Procurement Support Office (RPSO). PEPFAR Kenya has found RPSO to be able to procure in a responsive and efficient manner in '07 and previously. This activity will serve as back-up and buffer to funding being proposed for the Supplies Chain Management System (SCMS) project for HIV test kit procurement. Given PEPFAR's planned support for the GOK's planned rapid and extensive scale-up of HIV counseling and testing throughout Kenya, continuous supply of HIV test kits will be critical. Once procured, these test kids will enter into existing supply chain management systems, including the national distribution system, run by Kenya Medical Supplies Agency (KEMSA), and in some cases, "buffer" stocks to ensure that PEPFAR sites have adequate commodities when there is national shortage.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This program will contribute to HIV diagnosis for adults and children. In addition, it will assist in the identification of discordant couples. Test kits will be used in a variety of HIV testing and counseling settings, including PITC, VCT and HBVCT.

4. LINKS TO OTHER ACTIVITIES

This activity relates to all service delivery activities, as well as the RPM+/MSH activity in logistics information management, distribution support, forecasting and quantification, (#6989), MEDS, in ARV Drugs (#6997); KEMSA logistics and information management and distribution systems, (#6969); and SCMC procurements in HVCT (#8783), HLAB (#8763) and HTXS (#8854).

5. POPULATIONS BEING TARGETED

The target populations for this activity are adults and children in the general population for HIV/AIDS testing, as well as inpatients, TB and STI patients for routine screening.

6. EMPHASIS AREAS

The major area of emphasis for this activity is commodity procurement.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14950, 14952

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14950	8757.08	6985	4924.08		Partnership for Supply Chain Management	\$454,417
14952	8754.08	6985	4924.08		Partnership for Supply Chain Management	\$825,000

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2)	4,500,000	False

TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring

Other

People Living with HIV / AIDS

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 4076.08	Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 18043.08	Planned Funds: \$489,345
Activity System ID: 18043	

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THIS YEAR'S CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHAI. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO:

+Hiring of two expatriate senior technical laboratory scientists to assist in the programmatic and operational work of the GAP lab section

+Hiring of three laboratory technologists to supervise HIV, TB/HIV, and OI testing and training in the Nairobi and Kisumu laboratories

1.LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#7009) and TB/HIV (#7001) and all other Lab Infrastructure activities.

2.ACTIVITY DESCRIPTION

Through this management and staffing activity the Centers for Disease Control and Prevention (CDC) provides laboratory technical support to the National Public Health Laboratory Services (NPHLS) of the Ministry of Health and other laboratory service providers in Kenya. The CDC laboratory technical team works in collaboration with NASCOP, NPHLS, and other laboratory service providers in Kenya to develop, strengthen and implement the delivery of effective and quality laboratory services to support all the HIV and TB programs supported by PEPFAR. Key achievements in FY 2005 through FY 2006 included contribution to development of National Laboratory Policy Guidelines, the National Strategic Plan for the laboratory, Standard Operating Procedures [SOPs], National training curricula for testing and Quality Assurance Schemes, upon which lab practices that support expansion of ART services are based. The team also trains laboratory supervisors to offer support supervisory visits to peripheral HIV/TB testing sites. Four provincial based quality assurance laboratories have been established, another four are planned. The CDC laboratory technical team currently consists of: a PhD immunologist and 2 Technical Advisors with specialist experience in the areas of training in HIV, TB, CD4, viral load testing, early infant diagnosis and quality assurance (QA) measures. Funds are requested from GHAI for a contractor laboratory expert to operate from Nairobi and assist the team on issues related to quality assurance and laboratory accreditation, 3 additional technical advisors to focus on expansion of laboratory services in specific regions and program areas, a program assistant to offer technical organizational support to the laboratory team and drivers based in Nairobi will facilitate field travels of the team for training sessions, Quality Assurance activities, support of laboratory networks with common standards and support supervisory visits to testing sites throughout the country. Due to expanded care and treatment activities in Kenya, and Nyanza in particular, the GAP lab team is expected to provide technical support for high quality lab service delivery including QA, training, mentorship and logistic support. Funds are included in this activity to support an expatriate position of lab advisor in Nairobi to help in articulating national issues and those of partners across the laboratory infrastructure program area. The lab advisor will work under the Nairobi team and also supervise the Kisumu-based GAP lab activities and personnel. This activity also includes support to CDC-GAP lab in Nairobi for the procurement of minor equipment, back up lab reagents and/or supplies and contractual services for maintenance of CDC lab equipment which is used by the lab team for training and providing clinical lab services to CDC supported HIV/TB sites. This funding will also be used to purchase reagents for specific assays not included in the planned SCMS procurements, such as long ELISAs and other reagents and supplies for use in External Quality Assurance of the NPHLS laboratories, evaluation of new technologies, and printing of national SOPs, manuals and other guidelines for guality assurance schemes. Some funds are also included to support technical assistance visits from CDC Atlanta laboratory staff; these staff are involved in providing technical support for activities and partner's across the laboratory infrastructure program area.

HQ Technical Area:

New/Continuing Activity: New Activity Continuing Activity:

Continuing Activity

Related Activity:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3483.08

Prime Partner: American Society of Clinical Pathology Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 4819.08

Activity System ID: 14731

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Laboratory Infrastructure Program Area Code: 12

Planned Funds: \$600,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO:

+Strengthening of the general capacity of district labs in the areas of development and use of SOPs, biosafety procedures, facilty level laboratory management training and general lab QA +Updating and incorporation of HIV/AIDS training in pre-service curriculum for diploma programs +Identification of a sub-partner for ASCP to assist in the accreditation of NPHLS labs. +ASCP has rolled out trainings in ART monitoring tests (hematology, CD4, and clinical chemistry) to all regions of the country

+ASCP has provided consultants to assist the NPHLS in providing oversight for the EQAS programs of CD4

1.LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6941) and TB/HIV (#6944).

2. ACTIVITY DESCRIPTION

The Kenya Medical Laboratory Technicians and Technologists Board (KMLTTB) was created in 1999 with the fundamental objective of ensuring quality medical laboratory services countrywide. The Ministry of Health (MOH) depends on this young body to give leadership in regulating training in medical laboratory sciences, regulation of laboratory equipment and reagents and establishing systems to ensure guality laboratory practice. It is a government requirement for all practicing laboratory technicians and technologists to be registered by this Board. The KMLTTB has made significant progress in the past five years. An assessment of all relevant training institutions has been completed with the result that those with unacceptable standards have been shut down. The curricula of these institutions have been reviewed and standards for professional registration set. The board now plans to embark on a program of support to laboratories within the country to ensure they are adequately equipped to support HIV/AIDS prevention, care, treatment and surveillance programs. The American Society for Clinical Pathology (ASCP) will assist KMLTTB with these activities. Specific activities areas will include: i) establishment of a system to register and ensure validation of reagents for HIV diagnosis and treatment support; ii) preparation of standards and procedures to assure the competence of laboratory personnel; iii) development and implementation of program for continuing training and education program in areas of clinical chemistry, hematology and CD4 cell counts; iv) review of curricula from training institutions to ensure that ART monitoring techniques are sufficiently covered; v) conduct training in good laboratory practice (GLP) and accreditation procedures; vi) establish an inspectorate for HIV testing laboratories that will review, consolidate, and revise existing documentation for registration of HIV diagnostic and treatment related reagents.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

KMLTTB registered laboratory personnel are deployed at public and private health care facilities serving HIV-infected patients in all parts of the country. They deliver services related to HIV testing, monitoring of anti-retroviral and opportunistic infection therapy, assuring safe blood supplies, measuring the burden of HIV infection in populations and monitoring trends of the epidemic (surveillance). These functions are essential for the implementation and sustenance of all HIV /AIDS prevention strategies such as Counseling and Testing (HVCT), Prevention of Mother to Child Transmission (MTCT) and ARV treatment programs, since medical laboratory staff.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to the agreement with the Kenya Medical Research Institute Laboratory Infrastructure (#6946), which supports the development of National Quality Assurance Programs within the National Public Health Laboratories (NPHLS) for Blood Safety and HIV testing in Surveillance, HVCT, MTCT and monitoring of anti-retroviral treatment regimens, and all MTCT, Counseling and Testing, and HIV treatment programs.

5. POPULATIONS BEING TARGETED This activity primarily targets laboratory workers.

KEY LEGISLATIVE ISSUES ADDRESSED
 This activity represents a twinning between equivalent technical agencies.

7. EMPHASIS AREAS

This activity includes MAJOR EMPHASIS in the area of local organization capacity development and minor emphasis in the area of development of laboratory policies and guidelines. Pre-service education will be strengthened through curriculum development and faculty training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6844

Related Activity: 14935, 14938, 14883

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20355	4819.20355. 09	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	9043	3483.09		\$460,000
6844	4819.07	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	4205	3483.07		\$400,000
4819	4819.06	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	3483	3483.06		\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14935	4126.08	6981	3465.08		National AIDS & STD Control Program	\$1,075,000
14938	4222.08	6981	3465.08		National AIDS & STD Control Program	\$1,200,000
14883	4086.08	6964	210.08		Kenya Medical Research Institute	\$3,050,000

Emphasis Areas

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Malaria (PMI)
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	224	False
12.2 Number of individuals trained in the provision of laboratory-related activities	284	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease	4,500	False

Indirect Targets

monitoring

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 1324.08 Prime Partner: Association of Public Health Laboratories Funding Source: GHCS (State) Budget Code: HLAB

Activity ID: 4261.08

Activity System ID: 14732

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Laboratory Infrastructure Program Area Code: 12 Planned Funds: \$500,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED EMPHASIS ON:

+Lab information management [LIMS] centrally and regionally

+High level lab management training for leaderships in quality, training and program coordination.

1. LIST OF RELATED ACTIVITIES:

This activity relates to activities in Counseling and Testing (#7009), TB/HIV (#6944) and Care and Treatment.

2. ACTIVITY DESCRIPTION:

The Association of Public Health Laboratories (APHL) is a non-profit organization with a history of over 50 years of working with government health departments to assure quality and consistency of laboratory methodologies, techniques, safety, and data management. APHL has developed and established international mechanisms to coordinate the assessment and improvement of multiple parameters in public health laboratory practice. During FYs 2004, 2005, 2006 and 2007, APHL assisted the Kenyan Ministry of Health with the development and implementation of a national laboratory strategic plan, provided training in laboratory management, and assisted in initial efforts to develop a laboratory information system [LIMS] for the NPHLS.

The Laboratory Assessment Report and recommendations made by CDC and APHL in collaboration with the Kenya NPHL in 2005 together with the Laboratory Policy Guidelines, which are printed, formed the basis for the development of the National Public Health Laboratory Strategic Plan (2005-2010). This Plan is in line with the Ministry of Health Strategic Plan and that of the National Aids Control Program (NASCOP) and also the National AIDS Control Council (NACC). During FY 2008, APHL will build on the first four years of support with primary focus on continuing to implement the national laboratory strategic plan with emphasis on:

Expansion of the LIMS capacity and capabilities from the Central Level to the Provincial levels.
 Intensified training of the Central Managers for Quality Systems, Training programs, Coordinators of programs and Support Supervisors at the Provincial levels. This is anticipated to involve training in the USA and also in country.

3.Facilitating Senior Kenyan Laboratorians to interact with Public Lab Specialists in the USA through attendance of conferences and specific targeted learning visits.

4. Maintenance of the Internet connectivity and Website of the NPHL domain and initiation of Provincial Lab communication with the Central Lab.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Implementing the strategic plan will help strengthen the NPHLS laboratory functions throughout Kenya. This will make the NPHLS better able to offer quality services and support to the programmatic expansion of HIV prevention, surveillance, care and treatment programs, particularly in the public health sector.

4. LINKS TO OTHER ACTIVITIES:

This activity relates intimately to Kenya National Public Health Laboratory Services: Laboratory Infrastructure activity (#7003).

5. POPULATIONS BEING TARGETED: APHL activities primarily target laboratory workers.

6. KEY LEGISLATIVE ISSUES: None

7. EMPHASIS AREAS:

This activity includes major emphasis in the area of training and strengthening of management systems including data management and communication.

There is minor emphasis in the areas of laboratory infrastructure procurement of specialized equipment and reagents; development of laboratory policies, guidelines, and protocols for quality assurance schemes; and development and strengthening of networks/linkages and referral systems for external quality assurance schemes.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6845

Related Activity: 14935, 14938, 14883

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20356	4261.20356. 09	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	9044	1324.09		\$500,000
6845	4261.07	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	4206	1324.07		\$850,000
4261	4261.06	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	3264	1324.06		\$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14935	4126.08	6981	3465.08		National AIDS & STD Control Program	\$1,075,000
14938	4222.08	6981	3465.08		National AIDS & STD Control Program	\$1,200,000
14883	4086.08	6964	210.08		Kenya Medical Research Institute	\$3,050,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	60	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Indirect Targets

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 1501.08

Prime Partner: US Centers for Disease Control and Prevention Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Budget Code: HLAB

Activity ID: 4923.08

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$1,218,900

Activity System ID: 15056

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THIS YEAR'S CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHAI. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO:

+Hiring of two expatriate senior technical laboratory scientists to assist in the programmatic and operational work of the GAP lab section

+Hiring of three laboratory technologists to supervise HIV, TB/HIV, and OI testing and training in the Nairobi and Kisumu laboratories

1.LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#7009) and TB/HIV (#7001) and all other Lab Infrastructure activities.

2.ACTIVITY DESCRIPTION

Through this management and staffing activity the Centers for Disease Control and Prevention (CDC) provides laboratory technical support to the National Public Health Laboratory Services (NPHLS) of the Ministry of Health and other laboratory service providers in Kenya. The CDC laboratory technical team works in collaboration with NASCOP, NPHLS, and other laboratory service providers in Kenya to develop, strengthen and implement the delivery of effective and quality laboratory services to support all the HIV and TB programs supported by PEPFAR. Key achievements in FY 2005 through FY 2006 included contribution to development of National Laboratory Policy Guidelines, the National Strategic Plan for the laboratory, Standard Operating Procedures [SOPs], National training curricula for testing and Quality Assurance Schemes, upon which lab practices that support expansion of ART services are based. The team also trains laboratory supervisors to offer support supervisory visits to peripheral HIV/TB testing sites. Four provincial based quality assurance laboratories have been established, another four are planned. The CDC laboratory technical team currently consists of: a PhD immunologist and 2 Technical Advisors with specialist experience in the areas of training in HIV, TB, CD4, viral load testing, early infant diagnosis and quality assurance (QA) measures. Funds are requested from GHAI for a contractor laboratory expert to operate from Nairobi and assist the team on issues related to quality assurance and laboratory accreditation, 3 additional technical advisors to focus on expansion of laboratory services in specific regions and program areas, a program assistant to offer technical organizational support to the laboratory team and drivers based in Nairobi will facilitate field travels of the team for training sessions, Quality Assurance activities, support of laboratory networks with common standards and support supervisory visits to testing sites throughout the country. Due to expanded care and treatment activities in Kenya, and Nyanza in particular, the GAP lab team is expected to provide technical support for high quality lab service delivery including QA, training, mentorship and logistic support. Funds are included in this activity to support an expatriate position of lab advisor in Nairobi to help in articulating national issues and those of partners across the laboratory infrastructure program area. The lab advisor will work under the Nairobi team and also supervise the Kisumu-based GAP lab activities and personnel. This activity also includes support to CDC-GAP lab in Nairobi for the procurement of minor equipment, back up lab reagents and/or supplies and contractual services for maintenance of CDC lab equipment which is used by the lab team for training and providing clinical lab services to CDC supported HIV/TB sites. This funding will also be used to purchase reagents for specific assays not included in the planned SCMS procurements, such as long ELISAs and other reagents and supplies for use in External Quality Assurance of the NPHLS laboratories, evaluation of new technologies, and printing of national SOPs, manuals and other guidelines for quality assurance schemes. Some funds are also included to support technical assistance visits from CDC Atlanta laboratory staff; these staff are involved in providing technical support for activities and partner's across the laboratory infrastructure program area.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7113

Related Activity:

Continuned Associated Activity Information

	ctivity stem ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
1	9952	4923.19952. 09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8926	1501.09		\$696,357
7	7113	4923.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4303	1501.07		\$1,246,000
2	4923	4923.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3292	1501.06		\$477,170

Emphasis Areas

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	175	False
12.2 Number of individuals trained in the provision of laboratory-related activities	60	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Indirect Targets

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3476.08 Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State) Budget Code: HLAB Activity ID: 16508.08 Activity System ID: 16508 Mechanism: South Rift Valley USG Agency: Department of Defense Program Area: Laboratory Infrastructure Program Area Code: 12 Planned Funds: \$1,575,000

Activity Narrative: 1.ACTIVITY DESCRIPTION

Under the US DOD, the Kenya Medical Research Institute (KEMRI)/South Rift Valley (SRV) program has been providing laboratory support services for HIV care to approximately 20,000 patients, of which ~ 9000 have started ART. This laboratory support has been provided in two forms: through the regional laboratory and direct district level/facility support.

Since the beginning of PEPFAR, the KEMRI/Walter Reed Project (WRP) Clinical Research Center (CRC) Laboratory in Kericho has served as the regional reference lab for conducting CD4 viral load, and early infant diagnoses tests, as indicated for HIV evaluations and treatment. Leveraging upon existing research infrastructure, the SRV lab has developed lab capacity at 9 of the 11 treatment sites, especially in areas of lab safety. The KEMRI/WRP lab is part of the national network of laboratories that perform early infant diagnosis using PCR on dried blood spots (DBS).

Still, the KEMRI/SRV program continues to provide direct supportive supervision, technical assistance, and QA/QC for necessary laboratory infrastructure and testing at each of the 11 treatment sites, including rural health centers. Consistent with consistent with MOH guidelines for monitoring ART, laboratory capacity to perform chemistries and hematology has been developed at 9 of 11 sites. In FY08, the KEMRI/SRV program will extend support to a total of 73 labs providing HIV diagnostics (including rapid testing) and 8 labs for CD4 evaluations.

This new activity represents a critical aspect of laboratory funding not previously addressed and will serve to strengthen MOH and FBO laboratories. The activity will further develop the capacity of the regional reference lab to manage a lab network throughout the southern Rift Valley. It is expected that such a network will address issues of QA/QC, especially split sample QA testing for clinical chemistry and hematology. The new activity will also support labs to enroll in external QA programs. In addition, this activity will facilitate the development of the regional laboratory to do additional infant HIV diagnoses, tuberculosis diagnoses and culture for even a larger network in the Rift Valley Province that will extend to other implementing partners (e.g. FHI/USAID) as has been agreed upon in USG PEPFAR planning, MOH (including National Leprosy and Tuberculosis Program), and CDC/OGAC country visits and strategic planning. Finally, this activity will offer laboratory capacity development similar to the model applied in the SRV to the Kisumu West District based upon new country planning and support for Nyanza Province. Diagnostic evaluations for HIV co-infections including PCP, toxoplasmosis, cryptococcus, and crytomegalovirus that are being set up at the SRV lab will be rolled out to selected sites.

This activity will continue to provide links to TB/HIV services through the provision of necessary basic equipment for accurate and timely diagnosis of TB in about 15,000 HIV-positive patients being seen in southern Rift Valley. Equipment to support this will include appropriate microscopes, TB culture media and reagents, incubators, and air flow hoods that will be installed in 6 high volume diagnostic sites, districts in the southern Rift Valley Province and Kisumu West District of Nyanza Province. Development of a TB culture laboratory at the MOH/Kericho District Hospital will markedly improve TB diagnosis and management in this region (see Tb/HIV narrative).

An automated DNA extractor for DNA-PCR machine for pediatric diagnosis will be purchased to accommodate the ever increasing need of this service in the larger Rift Valley Province. In addition to laboratory equipment, this activity will aid in improving the existing regional laboratory reference network as logistical challenges and coverage of a large geographical area in rural Kenya are addressed. Ultimately, such attention will help ensure timely delivery of quality samples and results.

Finally, the development of protocols for quality assurance schemes and off-loading such activities as individual sites develop capacity will continue. Given the close collaboration and working relationship with the Kericho District Hospital, this site will continue to be developed to offer back-up for safety labs and QA/QC support to other treatment centers.

2.CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY08, this activity will contribute to training 100 laboratory technicians in hematology, chemistry, CD4, and QA/QC with emphasis on interpretation of results generated in the laboratories. This will be achieved through pre-service/in-service training, workshops, and seminars facilitated by internal and external experts. This will improve access and use of quality diagnostic laboratory services at the treatment facilities. This activity will support one laboratory technologist for higher national diploma training in hematology and one in microbiology at the Kenya Medical Training College. Laboratories in 12 treatment sites will be refurbished and strengthened on requisite quality assurance procedures, laboratory policies and management, use of SOP's, and implementation of QA/QC systems for the follow up of 33,000 HIV patients thus contributing to the overall national target of treating 550,000 people by the year 2010.

3.LINKS TO OTHER ACTIVITIES

This activity relates to KEMRI-South Rift Valley activities in HIV/AIDS Treatment: ARV Services, Palliative Care: TB/HIV, Palliative Care: Basic Health Care and Support, Counseling and Testing, and Prevention of Mother-To-Child Transmission.

4. POPULATIONS BEING TARGETED

The target population for this activity is primarily people living with HIV/AIDS that are identified through the care and treatment centers in the KEMRI-South Rift Valley portfolio.

5. EMPHASIS AREA/KEY LEGISLATIVE ISSUES ADDRESSED

The activity includes emphasis on construction/renovation in the renovation of Ministry Health lab facilities as well as minor work at the CRC laboratory. Other emphasis areas will also include human capacity development both in pre-service training and in-service training. This activity will also be part of wrap around programs in health in the area of safe motherhood and TB.

Continuing Activity:

Related Activity: 14902, 14905, 14907, 14908

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14902	4804.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$2,021,145
14905	6975.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,200,000
14907	4828.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,280,000
14908	6973.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$7,170,714

Emphasis Areas

Construction/Renovation

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Safe Motherhood
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	81	False
12.2 Number of individuals trained in the provision of laboratory-related activities	100	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	116,000	False

Coverage Areas	
Nyanza	

Rift Valley

Mechanism ID: 4154.08 Mechanism: N/A USG Agency: HHS/Centers for Disease Prime Partner: The American Society for Microbiology **Control & Prevention** Funding Source: GHCS (State) Program Area: Laboratory Infrastructure Budget Code: HLAB Program Area Code: 12 Activity ID: 4826.08 Planned Funds: \$96,755 Activity System ID: 15008 Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED **REFERENCES TO:** +Development of capacity at the NPHLS to conduct CrAg testing and other mycotic disease diagnosis +Decentralization of capacity for quality TB smear microscopy and culture as an added preventive measure

+Decentralization of capacity for quality TB smear microscopy and culture as an added preventive measure +Training of NPHLS/CRL staff in rapid/molecular techniques for identification and speciation of TB and opportunistic infectious agents

1.LIST OF RELATED ACTIVITIES This activity relates to activities in Counseling and Testing (#6941) and TB/HIV (#6944).

2.ACTIVITY DESCRIPTION

In FY 2007, American Society for Microbiology (ASM) will worked with the National Public Health Laboratory (NPHL) to establish central reference microbiological laboratory capacity. To date, support for laboratory capacity related to HIV prevention and treatment programs has been heavily focused on tests for HIV diagnosis or monitoring of treatment with antiretroviral drugs. Microbiologic diagnostic capacity is extremely limited in Kenya; while many clinical labs can support microscopic diagnosis of tuberculosis, culture for tuberculosis and diagnostic tests for other opportunistic infections are generally unavailable. The NPHL strategic plan outlines needs to urgently support establishment of a network of laboratory referral services, including microbiology testing. Training will be done in high functioning laboratories in the USA, elsewhere in Africa and within the central laboratories and appropriate equipment and reagents for such tests procured in accordance with the National Laboratory policy guidelines. ASM will assist with development of approaches to supportive supervision, specimen transport, quality assurance and monitoring and evaluation related to microbiologic testing.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Development of capacity to conduct appropriate microbiologic testing will dramatically improve the quality of care provided for people with HIV in Kenya.

4. LINKS TO OTHER ACTIVITIES

This activity relates to all facility based palliative care activities, TB/HIV activities and HIV treatment activities. In addition, the activity is intimately linked with HLAB (#7003), HLAB (#7113) and HLAB (#6940) activities.

5 POPULATIONS BEING TARGETED

This activity targets laboratory workers.

6. EMPHASIS AREAS This activity includes major emphasis in the area of training of Microbiology Technologists and Scientists and minor emphasis in the areas of laboratory infrastructure development, procurement of specialized microbiology equipment and reagents, and development of protocols for quality assurance schemes and strengthening of networks/linkages and referral systems for external quality assurance schemes for microbiological tests as detailed in Section 3 above.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7039

Related Activity: 14935, 14938, 14883

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19996	4826.19996. 09	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	8944	4154.09		\$300,000
7039	4826.07	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	4285	4154.07		\$499,994
4826	4826.06	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	4154	4154.06	Microbiology	\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14935	4126.08	6981	3465.08		National AIDS & STD Control Program	\$1,075,000
14938	4222.08	6981	3465.08		National AIDS & STD Control Program	\$1,200,000
14883	4086.08	6964	210.08		Kenya Medical Research Institute	\$3,050,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	18	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2)	1,400,000	False

TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring

Indirect Targets

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 4924.08 Prime Partner: Partnership for Supply Chain Management Funding Source: GHCS (State) Budget Code: HLAB

Activity ID: 8763.08

Activity System ID: 14954

Mechanism: N/A USG Agency: U.S. Agency for International Development Program Area: Laboratory Infrastructure Program Area Code: 12 Planned Funds: \$12,420,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are

+ other (NON-SUBSTANTIVE) change will include the following:

SCMS will continue to procure reagents and lab equipment including standard equipment for hematology and chemistry that will be provided to major labs. It is estimated that SCMS will procure - EQUIPMENT: 20 automated high volume and 60 automated low volume chemistry analyzers; an additional 8 FACSCalibur machines; and , automated hematology analyzers ; REAGENTS: to be used for Liver function tests (LFTs), CD4 reagents, PCR for infant diagnosis, and hematology reagents.

1.LIST OF RELATED ACTIVITIES

This activity relates to SCMS activities in other program areas: PMTCT (#8757), Treatment: ARV Services (#8854), Counseling and Testing (#8783), and TB/HIV (#8754). It also supports all PEPFAR service-delivery activities.

2. ACTIVITY DESCRIPTION

Supplies Chain Management System (SCMS) will support all of PEPFAR Kenya's service delivery activities through provision of an uninterrupted supply of HIV/AIDS- related commodities. Commodities will come through a regional warehouse established in Kenya, significantly decreasing the lead time in procurement. From the regional warehouse, supplies will enter into existing supply chain management systems, including the national distribution system, run by Kenya Medical Supplies Agency (KEMSA), and in some cases, "buffer" stocks to ensure that PEPFAR sites have adequate commodities when there is national shortage. The project will receive forecasting and quantification information from existing in-country partners. This activity will also liaise and strengthen local procurement and distribution partners such as Mission for essential drugs and Supplies (MEDS) and KEMSA, by working transparently and collaboratively with them. SCMS will be asked to procure commodities with a focus on results - ensuring not only that the product is delivered, but that there are the required maintenance, inputs and upgrades so that the target number of tests are achieved. In this 12-month period, SCMS will procure low through put BD FACSCount (CD4) machines for an additional 16 laboratories (44 already have equipment) and 7 high throughput FACSCalibur CD4 machines for seven provincial hospitals, reagents for all 60 sites to perform 550,000 CD4 tests, tuberculosis (TB) sputum tests for 10,000 cultures, and two million government of Kenya (GOK)-approved HIV/AIDS test kits for both VCT and DCT programs.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This program will contribute to patient monitoring by ensuring the supply and maintenance of diagnostic machines and reagents, test kits, TB cultures, and medical equipment for the use in laboratories of government and mission hospitals providing HIV/AIDS treatment and care.

4. LINKS TO OTHER ACTIVITIES

This activity relates to all service delivery activities, as well as the RPM+/MSH activity in logistics information management, distribution support, forecasting and quantification, (#6989), MEDS, in ARV Drugs (#6997); KEMSA logistics and information management and distribution systems, (#6969); and SCMC procurements in HVCT (#8783), HLAB (#8763) and HTXS (#8854).

5. POPULATIONS BEING TARGETED

The target populations for this activity are adults and children in the general population for HIV/AIDS and TB testing, people living with HIV/AIDS for monitoring, and TB tests.

6. EMPHASIS AREAS

The major area of emphasis for this activity is commodity procurement

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8763

Related Activity: 14950, 14952

Continuned Associated Activity Information

Activity system ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20202	8763.20202. 09	U.S. Agency for International Development	Partnership for Supply Chain Management	8987	4924.09		\$12,200,000
8763	8763.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4924	4924.07		\$6,823,300

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14950	8757.08	6985	4924.08		Partnership for Supply Chain Management	\$454,417
14952	8754.08	6985	4924.08		Partnership for Supply Chain Management	\$825,000

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	8	False
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	500,000	False

Indirect Targets

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	1244.08	Mechanism:	Kenya Department of Defense
Prime Partner:	Kenya Medical Research Institute	USG Agency:	Department of Defense
Funding Source:	GHCS (State)	Program Area:	Laboratory Infrastructure
Budget Code:	HLAB	Program Area Code:	12
Activity ID:	4825.08	Planned Funds:	\$300,000
Activity System ID:	14900		

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are

+ other (NON-SUBSTANTIVE) change:

>One doctor will be trained at MSc level on molecular diagnostics and one laboratory technologist will be trained on Immunology at a National Higher Diploma level

>The significant portion of constructions/renovations mentioned in FY07 will have been completed, no further funding will be used at these sites for further renovations.

1.LIST OF RELATED ACTIVITIES

This activity is related to activities in Treatment: ARV services (#6958), Palliative Care: TB/HIV (#6961), Prevention of Mother-to-Child Transmission (#6959) and Counseling and Testing (#6957).

2.ACTIVITY DESCRIPTION

This activity represents an important component which was funded under the Emergency Plan in FY 2006. In FY 2007, the Kenya Department of Defense (KDOD) intends to complete the development of the necessary laboratory infrastructure initiated in FY 2006 while strengthening laboratory facilities to support HIV/AIDS-related activities. The funding for this activity will go towards infrastructure development for three laboratories intended to support treatment and care at three new sites - Thika, Eldoret and Moi Air Base. Each laboratory facility will have cytometry, hematology and chemistry monitoring equipment necessary for accurate diagnosis, monitoring and follow up of HIV- infected patients at each of the eight KMOD medical treatment facilities including the main military hospital - Armed Forces Military Hospital (AFMH) and the Air Force medical centre at Moi Air Base in Nairobi, as well as eight outlying hospitals in Nanyuki (Laikipia Air Base), Mombasa (Mtongwe Naval Hospital), Gilgil regional Military Hospital (GRMH), Nakuru area (Lanet Army Barracks hospital), Eldoret, and Thika (Center of Excellence). The equipment of these military labs will enable on-site staff to effectively provide laboratory services to 30-40 patients per day. In addition the eight military laboratories will serve as back up for medical facilities in the neighborhood of the military barracks which are often lacking in the basic laboratory facilities critical for ART initiation and monitoring. In FY 2007 KDOD activities will also be used at the AFMH for procurement of specialized microbiology equipment which will include a culture unit, incubators, centrifuges, a fridge and hoods; reagents necessary for the diagnosis of opportunistic infections including TB and STIs; a PCR machine for pediatric diagnosis; development of protocols for quality assurance schemes and strengthening of networks and referral systems between the AFMH and the 8 peripheral laboratories. The AFMH laboratory will be enrolled with external QA/QC program and will be the point of reference for all the 8 peripheral labs. In addition, this activity will continue to provide links to TB/HIV services by continuing to provide the necessary basic equipment for evaluation of tuberculosis (TB) in all HIV-positive patients with provision of equipment such as microscopes. The development of this laboratory infrastructure in FY 2007 will continue to result in the provision of improved quality of medical care and reliable patient monitoring.

3.CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV positive patients by providing the vital laboratory support for the follow up of 6500 HIV positive patients, thus contributing to overall national target of treating 250,000 people by the year 2008. Further, these activities will strengthen human resource capacity to render this laboratory support by training 25 laboratory workers in lab related activities, supporting peripheral laboratories to perform HIV, CD4 and /or lymphocyte tests and strengthen referral network for provision of laboratory services through the proposed Center of Excellence (CoE) in Thika.

4.LINKS TO OTHER ACTIVITIES

This activity also relates to activities on HIV/AIDS Treatment/ARV and TB/HIV services and also to activities to be implemented by KEMRI-KDOD in the areas of general health services, HVTB, HVCT and MTCT.

5. POPULATIONS BEING TARGETED

As ART is introduced as part of the basic HIV/AIDS care to military personnel, their dependents and civilian personnel, the military laboratories will serve as a contingency and support lab for the health care facilities located in the neighborhood of the 8 KMOD laboratories. KDOD intends to provide local medical personnel with reliable equipment which will allow them to maintain an accurate and up-to-date patient treatment data and laboratory parameter treatment monitoring and lab evaluations such as Elisa, CD4 counts, hematology indices, viral load and chemistry (liver function tests and renal function) which are crucial for ART management and yet often unavailable in most public health facilities in Kenya. Availability of this minimum laboratory equipment is an utmost necessity in order to be able to provide quality medical care and appropriate medical support to HIV-infected patients in the military population and civil population in the neighborhood of the military barracks.

6.EMPHASIS AREAS

This activity includes emphasis on equipment acquisition for 8 laboratories and development of phase 2 of the proposed COE, as well as capacity building of laboratory personnel for all the 8 centers namely Armed Forces Memorial Hospital, Laikipia Air Base Medical Center, Gilgil & Lanet Army Hospital, the Mtongwe Naval Hospital, and the CoE at Thika, Moi Air Base and Eldoret. Minor emphasis in the areas of laboratory infrastructure development and development of protocols for quality assurance schemes and strengthening of networks/linkages and referral systems.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6963

Related Activity: 14892, 14895, 14898, 14899

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6963	4825.07	Department of Defense	Kenya Medical Research Institute	4248	1244.07	Kenya Department of Defense	\$250,000
4825	4825.06	Department of Defense	Kenya Medical Research Institute	3262	1244.06	Kenya Department of Defense	\$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14892	4251.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$100,000
14895	4252.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$100,000
14898	4249.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$120,000
14899	4250.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$1,150,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	8	False
12.2 Number of individuals trained in the provision of laboratory-related activities	25	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2)	N/A	True

TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

Coverage Areas			
Central			
Coast			
Eastern			
Nairobi			
Rift Valley			

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 210.08 Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State) Budget Code: HLAB Activity ID: 4086.08

Activity System ID: 14883

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Laboratory Infrastructure Program Area Code: 12

Planned Funds: \$3,050,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCE TO:

+Infrastructure improvement at the HIV and TB lab sites in Kisumu

- +Recruitment of additional technical staff for the CDC/KEMRI labs in Kisumu and Nairobi
 - +Local organizations' capacity building through enhanced TA to NPHLS
 - +Enhanced support for targeted evaluations in Kilifi, Kisumu and Nairobi
 - +The WHO international surveillance and monitoring for HIV drug resistance.
 - +Procurement of commodities(test kits) to buffer centrally funded and procured stocks

1. LIST OF RELATED ACTIVITIES

This activity relates to all activities in MTCT, HVCT (#7009) and HVTB (#7001) and Surveillance (#.....).

2. ACTIVITY DESCRIPTION:

The Kenya Medical Research Institute (KEMRI) is a premier Government of Kenya (GOK) biomedical research institute and home of CDC offices and laboratories. KEMRI has highly trained laboratory staff who conduct research and assess laboratory technologies. Key KEMRI objectives include: i) Provide highly technical laboratory services to support HIV testing, and treatment programs. ii) Provide laboratory services to support surveillance activities iii) Provide supportive supervision iv) Assist with development and implementation of training curricula and materials required to expand capacity in clinical laboratories; v) Collaborate with the National Public Health Laboratory Services (NPHLS) to strengthen NHPLS capacities including the conduct of supportive supervision, reference laboratory services, and local evaluations of laboratory tests; vi) Support the NPHLS to improve and sustain the national quality assurance (QA) and Quality Improvement [QI] programs for HIV testing, laboratory monitoring of HIV treatment, and TB testing in district and provincial/regional hospitals. The most important example of technical lab services provided through the KEMRI labs is DNA PCR assays for early infant diagnosis (EID). The KEMRI laboratories are now networked over 40 clinical sites through a courier supported transport system for filter paper samples and results. Although the capacity for infant diagnostic testing is being established/expanded at other sites, including NPHL and the MOH Coast Provincial Hospital clinical lab, KEMRI still remains a key provider of this service. KEMRI already has a working relationship with Kilifi District Hospital in areas of DNA PCR assays for early infant diagnosis. In FY 2008, KEMRI will build on this relation to strengthen Coast region's lab capacity to meet emergency targets. During FY 2004-2007, KEMRI conducted serologic testing for sentinel surveillance and demographic health surveillance surveys. In 2007, KEMRI was a major player in the Kenya Aids Indicator survey [KAIS 2007], in terms of training, testing and procurement of lab commodities. These functions are gradually being transferred to the NPHLS with support from KEMRI and KEMRI will continue to train the NPHLS staff on sample collection, processing, calibration and validation of instruments. Although various training functions are also being transferred to the NPHLS, KEMRI in collaboration with other Lab ICC members, will assist with development of training curricula and standard operating procedures [SOP] and will remain an essential provider of in-service training to clinical lab staff, particularly in the areas of rapid HIV testing and collection of samples for EID. In addition, KEMRI will also assist in the procurement of test kit stocks as a back up to those centrally funded and procured through the SCMS. KEMRI laboratories have conducted most local validations of new laboratory assays. During F1 2007, much of this function was shifted to NPHLS with KEMRI support; KEMRI will continue to assist with evaluations of highly complex assays such as alternate assays for infant diagnosis (for example ultrasensitive p24 antigen assays), Incidence assays [BED Assays] and DBS for Viral Load assays. KEMRI will collaborate with NPHLS staff in the expansion of a proficiency testing [PT] program for HIV rapid and confirmatory tests and CD4 cell count determination. KEMRI roles in this expansion will include assistance in developing national CD4 cell count standards, development of proficiency panels, and assistance with supportive supervision and oversight of QA/QI procedures.

3. CONTRIBUTION TO OVERALL PROGRAM AREA:

KEMRI laboratory activities play a key role in enhancing capacity of the NPHLS and point-of-service labs to support surveillance, prevention, and care and treatment of HIV/AIDS and TB. Training/capacity building focuses on the NPHL will held to build long term sustainable laboratory capacity in Kenya. These activities will continue to support the training of 300 individuals in the provision of lab-related services and will continue to contribute to improvement of the capacity of 60 laboratories to perform HIV and CD4 and or lymphocyte tests.

4. LINKS TO OTHER ACTIVITIES:

This activity relates intimately to NPHLS, APHL and SCMS activities as well as to virtually all counseling and testing and care and treatment activities.

5. POPULATION BEING TARGETED:

This activity targets the laboratory technologists of the NPHLS throughout the country at sub-district, district and provincial levels where ARV services are being rolled out. Technologists from institutions outside the NPHLS will also be trained.

6. EMPHASIS AREAS:

This activity will place major emphasis on technical training on QA/C, new and appropriate technologies. Minor emphasis areas will include procurement of specialized laboratory commodities and operationalization of laboratory QA schemes for HIV care and treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6940

Related Activity: 14886, 14932, 14879, 14938, 14954

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20642	4086.20642. 09	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	9095	210.09		\$2,190,000
6940	4086.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	4246	210.07		\$1,600,000
4086	4086.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3201	210.06		\$600,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14886	4258.08	6965	1246.08	Uniformed Services Project	Kenya Medical Research Institute	\$25,000
14932	7010.08	6981	3465.08		National AIDS & STD Control Program	\$120,000
14879	4090.08	6964	210.08		Kenya Medical Research Institute	\$589,786
14938	4222.08	6981	3465.08		National AIDS & STD Control Program	\$1,200,000
14954	8763.08	6985	4924.08		Partnership for Supply Chain Management	\$12,420,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Malaria (PMI)
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	65	False
12.2 Number of individuals trained in the provision of laboratory-related activities	150	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease	N/A	True

Indirect Targets

monitoring

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3465.08 Prime Partner: National AIDS & STD Control Program Funding Source: GHCS (State) Budget Code: HLAB Activity ID: 4222.08

Activity System ID: 14938

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Laboratory Infrastructure Program Area Code: 12 Planned Funds: \$1,200,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO:

+Expansion of QA capacity and enrollment of labs into national and international QA programs for rapid testing, CD4, clinical chemistry and hematology testing through high-performing regional /partner laboratories.

+Establishment of a laboratory information system both for the central lab and provincial labs and establish a network through which proficiency panels will be distributed

+Provision of oversight to the operations of the lab stakeholder meetings e.g. Lab Inter Agency coordinating committee (ICC).

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in laboratory services, particularly (#6845, #7113 and #8763) Counseling and Testing (#6941), TB/HIV (#6944), and all activities in MTCT.

2. ACTIVITY DESCRIPTION

Laboratory systems in Kenya consist of Division of Laboratory Diagnostic Services within the Ministry of Health, a National Reference Laboratory (with responsibility for conducting reference laboratory testing related to HIV serology, biochemistry and hematology, CD4 testing and other services in support of HIV treatment as well as testing for surveillance activities), a Central TB reference laboratory, a Central Microbiology Laboratory, and a network of 2 referral hospital labs, 8 Provincial Hospital Labs, more than 20 high volume district hospital labs, more than 60 labs at other health facilities, and more than 1500 sites providing rapid testing for HIV. Several laboratories outside of this network have been supporting the national and regional labs, including laboratories at the Kenya Medical Research Institute and laboratories that also supported laboratory in Eldoret, a DOD supported laboratory in Kericho, and a CDC-supported laboratory in Kisumu.

Key accomplishments to date have included the development of a national laboratory strategic plan. renovation and equipping of the National Reference laboratory, infrastructure improvements in 16 provincial and high-volume district hospital labs, support for training in various aspects of laboratory capacity (for example in general laboratory management, guality systems and lab safety and capacity building for specific activities such as CD4 testing and collection of dried blood spot samples for diagnostic testing of infants). In addition, a computerized laboratory information management system has been established and the national public health laboratory and this laboratory has supported/is supporting key surveillance activities such as the 2003 demographic health survey and the 2007 AIDS indicator survey. By 2007, the Kenya Medical Supplies Agency (KEMSA) was successfully distributing the national supply of rapid test kits and several important elements of a comprehensive quality assurance program had been established, including enrolment of 4 laboratories in an EQA program for qualitative PCR for early infant diagnosis, and enrolment of 20 laboratories in an international EQA program for CD4 cell count testing. A long-term training program has provided a small number of highly qualified laboratorians to take on key management functions; a USG supported capacity building program supported hiring of 30 laboratory technologists in key MOH lab sites. Laboratory networks for sample transport, testing, and quality assurance have been established in key locations, for example in Nyanza Province and in South Rift Valley Province. Important additional infrastructure improvements (for the central TB reference laboratory and the central microbiology laboratory) are being undertaken with FY2007 plus up funds.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will contribute to training of 1,200 individuals in lab-related services and to improvement in the capacity of 507 laboratories to perform HIV, CD4, and/or lymphocyte tests, allowing focused prevention efforts or referral to HIV treatment, and appropriate monitoring of people receiving treatment for HIV.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to activities in laboratory services, particularly (#6845, #7113 and #8763), Counseling and Testing supported by all partners, especially (#6941), TB/HIV activities, particularly (#6944), and all activities in PMTCT. The supported services are further linked to ART services carried out by NASCOP and other treatment partners.

5. POPULATION BEING TARGETTED

Laboratory workers, people with HIV/AIDS.

6. EMPHASIS AREAS

The major emphasis area for this activity is in infrastructure, with minor areas in quality assurance and support supervision, commodity procurement, training, policy and guidelines (specifically to develop and implement Standard Operating Procedures).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7003

Related Activity: 14773, 14775, 14731, 14954, 15008, 14900, 14883, 14732

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20227	4222.20227. 09	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	8994	3465.09		\$1,200,000
7003	4222.07	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	4266	3465.07		\$900,000
4222	4222.06	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	3465	3465.06		\$1,150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14773	4129.08	6943	282.08		Eastern Deanery AIDS Relief Program	\$780,000
14775	6437.08	6943	282.08		Eastern Deanery AIDS Relief Program	\$600,000
14732	4261.08	6927	1324.08		Association of Public Health Laboratories	\$500,000
14883	4086.08	6964	210.08		Kenya Medical Research Institute	\$3,050,000
14900	4825.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$300,000
14731	4819.08	6926	3483.08		American Society of Clinical Pathology	\$600,000
14954	8763.08	6985	4924.08		Partnership for Supply Chain Management	\$12,420,000
15008	4826.08	7006	4154.08		The American Society for Microbiology	\$96,755

Emphasis Areas

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Malaria (PMI)
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	224	False
12.2 Number of individuals trained in the provision of laboratory-related activities	1,000	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2)	9,420,000	False

TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring

Indirect Targets

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 390.08 Prime Partner: Management Sciences for Health Funding Source: GHCS (State) Budget Code: HLAB Activity ID: 4210.08

Activity System ID: 14925

Mechanism: SPS USG Agency: U.S. Agency for International Development Program Area: Laboratory Infrastructure Program Area Code: 12 Planned Funds: \$900,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are (complete all that are relevant; delete those that do not apply)

+ prime partner Management Sciences for Health has been competitively selected to implement the activity under the Strengthening Pharmaceutical Systems (SPS) project mechanism.

+ other (NON-SUBSTANTIVE) change will include the following: MSH will assist in the implementation of the national Lab policy and strategy particularly regarding local performance standards for labs. In addition MSH will provide support to the local accreditation of peripheral labs assisting in classifying labs that are suitable to provide support to HIV patients.

1.LIST OF RELATED ACTIVITIES This activity is related to the HVTB activity (#8713).

2.ACTIVITY DESCRITION

Management Sciences for Health (MSH) has worked in Kenya for the last 19 years and in other parts of Africa and the world for 34 years. MSH through its Rational Pharmaceutical Management (RPM) Plus program and other activities (e.g. Gates Funded SEAM Program), has worked at three Mombasa sites and elsewhere in Sub-Saharan Africa including Rwanda, Zambia, Namibia, Ethiopia and Uganda to improve laboratory management and quality of anti-retroviral therapy (ART) services. Under COP 2005, RPM Plus supported the National Public Health Laboratory Services (NPHLS) and the National AIDS and STD Control Programme (NASCOP) to develop a national laboratory policy and strategic plan. The NPHLS is the department of the Kenya Ministry of Health (MOH) charged with providing technical and tactical oversight for all laboratory services in Kenya. As the lead Cooperative Agreement (CA) mandated by the Ministry of Heath NPHLS to guide laboratory system strengthening efforts through at the head of the Systems Interagency Coordinating Committee (ICC) sub-committee, RPM Plus will continue to apply lessons learnt in Mombasa to support sites' implementation of good laboratory practices as stipulated in the national laboratory policy. This will involve supporting NPHLS and NASCOP to improve existing laboratory management information systems (MIS); strengthen laboratory commodity management systems in support of ART; roll out implementation of Standard Operating Procedures (SOPs) for quality and efficiency of laboratory services; train providers in Good Laboratory Practices (GLP); strengthen management and coordination of the laboratory network; contribute to the development and implementation of a standardized in-service laboratory training curriculum; and implement internal and external quality assurance/control procedures. RPM Plus will provide technical assistance to strengthen laboratory services in support of ART by working synergistically with the Laboratory ICC and other stakeholders. All RPM Plus laboratory activities will be conducted under the auspices of the NPHLS. This includes support for national-level activities such as those mentioned above as well as the implementation of the national laboratory policy; implementation of a national laboratory policy strategic plan; and development of institutional capacity by institutionalizing laboratory SOPs. RPM Plus will also support NPHLS activities aimed at strengthening and scaling up laboratory activities at priority ART sites. Activities include: refurbishment of 10 priority laboratories (including the proposed Central Microbiology laboratory at the NPHLS), training laboratory staff in skills for ART, SOPs and good laboratory practices such as improved handling, transportation of specimens and return of results as well as universal precautions, and improved laboratory record keeping and MIS. In addition, this project will assist laboratories by providing guidance on the ART policy, professional and operational information and materials as needed; developing SOPs on equipment maintenance, and strengthening 10 sites to implement internal and external quality assurance procedures. The project will also provide support to laboratory supervisors to strengthen their management and coordination of laboratory services (supervisory check lists, job aids, monitoring tools, operational planning guides), and will help institutionalize laboratory quality assurance procedures including performance of internal quality controls (QCs) and calibration of equipment; training on the laboratory MIS, monitoring and evaluation (M&E) tools and the use of routine laboratory data. Additional activities include maintaining essential activities of the former JSI/DELIVER project, primarily maintaining an LMIS system to track warehousing and distribution of laboratory commodities in collaboration with the MOH and KEMSA. It will also include forecasting and quantification of laboratory procurement commodities as needed. MSH/RPM Plus will closely collaborate with NASCOP, NPHLS, KEMRI, CDC, KEMSA, UON, AMREF, FHI KMTC, AKMLSO, KMLTTB, CDC, JSI, Clinton Foundation, USG HIV care and support grantees, private sector organizations and other stakeholders comprising the National Laboratory Inter-agency Coordinating Committee (ICC).

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will result in improving access and use of quality diagnostic laboratory services through improved laboratory policies and management, including use of SOPs and implementation of QA/QC systems. A total of 300 laboratory technologists will be trained in proper laboratory management, and labs in 10 ART sites will be refurbished and strengthened on requisite quality assurance procedures.

4. LINKS TO OTHER ACTIVITIES

This activity links to the HVTB activity (#8713).

5. POPULATIONS TARGETED

The populations targeted are laboratory technicians at priority Ministry of Health ART centers, and policymakers and division heads in the MOH. 6. EMPHASIS AREAS The main emphasis area is Training, with minor emphases on Strategic Information and QA/QI/SS.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6990

Related Activity:

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20233	4210.20233. 09	U.S. Agency for International Development	Management Sciences for Health	8995	390.09	SPS	\$900,000
6990	4210.07	U.S. Agency for International Development	Management Sciences for Health	4260	390.07	RPM/PLUS	\$1,550,000
4210	4210.06	U.S. Agency for International Development	Management Sciences for Health	3243	390.06	RPM/PLUS	\$700,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	50	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Indirect Targets

HVSI - Strategic Information	
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13

Estimated PEPFAR contribution in dollars	\$400,000
Estimated local PPP contribution in dollars	\$0

Program Area Context:

HVSI Program Narrative COP 2008

Key Result 1: Improved reporting and utilization of program information through functional district level reporting systems, including facility Health Management Information Systems (HMIS) and community activities.

Key Result 2: Measurement of trends of HIV infection and impact of programs through a Kenya AIDS Indicator Survey (KAIS), sentinel and demographic surveillance systems, and Demographic and Health Survey (DHS).

Key Result 3: Sustained capacity building in strategic information (SI) through the development of local monitoring and evaluation (M&E) training curriculum and involvement of Kenyan universities in SI training.

STRATEGIC INFORMATION TEAM

The Kenya SI team consists of an Epidemiologist, a Behavioral Scientist, Monitoring and Evaluation specialists, and a Health Management Information Systems specialist, all drawn from USG agencies, working together with two APHIA II Evaluation SI Resident Advisors and M&E Managers/Advisors from the National AIDS Control Council (NACC), National AIDS and STI Control Programme (NASCOP), UNAIDS, and the World Bank.

TARGET SETTING

In setting country targets, the USG team considers past performance against the set targets in the PEPFAR Five-Year Strategic Plan; country and provincial service demands, as reflected in Kenya Ministry of Health's (MOH) Annual Operational Plans; and partners' geographic distribution and past performance against targets, as reported through their portfolio reviews. Partners' overall past performance trend analysis against the set targets informs the final targets and resource allocations.

RESULTS REPORTING

University of North Carolina/APHIA II Evaluation project (bilateral follow-on to Measure Evaluation) will continue to support the USG team in coordinating PEPFAR annual and semi-annual program results reporting for all partners. The modules within the Kenya Program Monitoring System (KePMS) will be expanded to include additional country-specific service delivery/data quality and outcome level indicators to better inform program management and improvement. In this activity, the University of North Carolina/APHIA II Evaluation project will complete the development of a Geographic Information Systems (GIS) Mapping module.

The adoption of a decentralized approach to strengthening integrated and harmonized HIV M&E tools, which include patient cards, registers, and integrated reporting tools (MOH Form 726) through NASCOP and APHIA II partners, is already resulting in improved reporting rates by health facilities. This approach will be scaled up in 2008 to ensure strengthened capacity at all data collection points and structures that support data flows to national HMIS and PEPFAR reporting systems. Currently, an assessment commissioned by the World Health Organization (WHO) and other ART national stakeholders is examining all existing electronic patient management systems (ART-HMIS) in the country. The findings of this assessment will be used to guide development and implementation of a single, standardized national electronic patient management system which will strengthen reporting and improve data use at facility, district, provincial, and national levels.

Support to NACC's Community Based Program Reporting (COBPAR) system for non-health facility data, which focuses on the collection, collation, and analysis of HIV program data from the Constituency AIDS Coordinating Committees will be continued through training of CBOs, NGOs, and FBOs in 2008.

Program data quality audits will be institutionalized among all the USG partners and MOH facilities. Partner-supported and MOH facilities will be assisted in developing data quality assessment audit plans with bi-annual audit exercises conducted at sampled high-volume data collection points, as well as facilities or partners with poor data management and/or reporting systems.

Support in equipping and networking of data centers managed and supported by the Kenya Department of Defense Headquarters in Nairobi will be continued. The computer network will be expanded, linking labs, pharmacies and Comprehensive Care Centers (CCC) at all seven military clinics, resulting in improved patient management and reporting.

One new initiative will be the piloting of the Phones for Health concept in strengthening national HMIS. Phones for Health is a cutting-edge public-private partnership that brings together mobile phone operators, handset manufacturers, and technology companies – working in close collaboration with Ministries of Health, global health organizations, and other partners – to use the widespread and increasing mobile phone coverage in the Kenya to strengthen national health information systems.

SURVEILLANCE AND SURVEYS

Field work for the Kenya AIDS Indicator Survey (KAIS) conducted by the Government of Kenya is nearly completed. Follow-on activities undertaken using 2008 funds to support utilization of data collected through the KAIS will include: (1) further lab analysis

(Hepatitis B and Incidence testing), (2) data analysis and report writing workshops, and (3) dissemination of findings.

The 2008 Kenya Demographic and Health Survey (KDHS) will be undertaken to provide information to address the M&E needs of health, family planning, and HIV programs and to provide program managers and policy makers with information needed to effectively plan and implement future interventions.

Sentinel surveillance among pregnant women has been conducted annually since 1990. NASCOP figures show declining HIV prevalence, from a peak of 13.5% in 2000 to 6.1% in 2006. 2008 sentinel surveillance will be conducted in 42 ANC sites representative of rural and urban facilities. Data will be analyzed for HIV prevalence and incidence trends, and reported to policy-makers and program managers to improve programs. NASCOP will also conduct an HIV Drug Resistance (HIVDR) threshold survey in a few sites alongside the next round of ANC surveillance to establish the extent to which first-line antiretroviral drug regimens remain effective.

The Sample Vital Registration with Verbal Autopsy (SAVVY) methodology will be used to collect mortality data from five Demographic Surveillance Sites (DSS) sites across the country to ascertain major causes of death, including HIV-related mortality. This will provide information on one of the two outcome indicators of PEPFAR's impact on health at the population level as well as vital registration statistics that the Kenya National Bureau of Statistics needs to inform policy and planning.

CAPACITY BUILDING

Targeted capacity building through ongoing training on M&E, sampling methodology, data analysis and reporting will be implemented. MOH/NASCOP will be supported to roll out provincial and district level cascaded trainings of health workers on the new HMIS tools. University of Nairobi and another local university to be determined will be supported in development of MPH-level Fellowship programs on HIV Program Management, M&E, Informatics and Health Economics.

The planned male circumcision and comprehensive care trial will provide an excellent opportunity for Kenyan MOH staff to advance their program evaluation, data analysis and report writing skills.

WORK OF HOST GOVERNMENT AND OTHER IMPLEMENTING PARTNERS

USG's collaboration with the GOK and other donor groups in the implementation of national M&E strategies that are in line with Emergency Plan goals will be strengthened. In support of the "third one," the SI team will continue to work closely with GOK to prioritize and implement activities listed in the National M&E Framework and the KNASP 2005-10. The framework provides a roadmap for monitoring health and community indicators, and is implemented alongside PEPFAR's 2-7-10 goals.

The expanded SI team will work with the World Bank (supporting NACC); Department for International Development – DFID (supporting NASCOP); UNAIDS on Country Responses Information System (CRIS); Swedish Development Agency on health sector M&E at the district level; and numerous USG partners and other donors supporting facility-level information systems.

OUTSTANDING CHALLENGES AND GAPS

The implementation of community-based M&E activities at constituency level in partnership with NACC remains a challenge, which will be addressed through high-level consultations between USG and NACC management.

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	1127
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	4356

Custom Targets:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3465.08	Mechanism: N/A
Prime Partner: National AIDS & STD Control Program	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 4221.08	Planned Funds: \$2,000,000
Activity System ID: 14939	

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only change to the program since approval in the 2007 COP is:

+The HIVDR threshold surveillance system intends to examine whether standard first-line antiretroviral drugs regimens will continue to be effective in settings where they are widely available. Because of the high mutation rate of HIV-1 and the necessity for lifelong treatment, it is expected that HIVDR will emerge in treated populations where antiretroviral treatment (ART) is being rapidly scaled up. USG Kenya will support HIVDR threshold surveys in a few sites alongside the 2007/08 round of ANC surveillance. Samples will be leftover blood obtained through the ANC survey using unlinked anonymous strategy. For each site, 60-70 consecutive HIV positive blood specimens from persons meeting eligibility criteria will be identified to ensure that amplification and genotyping are successful in 47 specimens (the survey sample size). The number of specimens with mutation consistent with HIVDR will be used to determine the prevalence of transmitted HIVDR for each drug and drug category in the standard initial ART regimen(s). Using the binomial sequential sampling and classification plan, HIVDR prevalence (>15%). The first component of this strategy is to obtain baseline estimate of the prevalence of HIVDR, followed by repeat surveys to assess the frequency of transmission of HIV drug resistant strains within a geographic area

1.LIST OF RELATED ACTIVITIES

This activity relates to HTXS (#7004), MTCT (#7006), HVCT (#7009), HLAB (#7003 and #6940), and HVSI (#6988, #6824, #6946, #9012, and #7098). 2. ACTIVITY DESCRIPTION The National AIDS/STI Control Programme (NASCOP) is the department in the Ministry of Health responsible for coordinating all HIV/AIDS related activities. NASCOP continues to provide leadership in surveillance, program monitoring and HMIS, and in conducting national surveys and targeted evaluations. FY 2007 funds for NASCOP will support several activities. (ii) Sentinel Surveillance: FY 2007 funding will also continue to support Kenya's national sentinel surveillance system which now includes 46 representative rural and urban sites that measure trends in HIV infection over time. PMTCT test acceptance and results are recorded in order to evaluate uptake and quality of testing. NASCOP trains health workers in these facilities, works with the National Public Health Laboratory Services and CDC to test samples for HIV and recent infection by BED assay. Data will be double-entered at regional and central levels, analyzed for prevalence and incidence trends, and reported to policy-makers and program managers to improve programs. (iii) Monitoring and Evaluation Support: The implementation of a decentralized monitoring and evaluation system is essential to measuring the progress of EP implementation activities. The national rollout has begun and will continue in the next fiscal year. In order for the health facility based data to flow to the national level, the harmonized M&E registers and patient cards will be printed for all facilities and distributed. There will be ongoing training of health care workers, data clerks, district and provincial health management teams as well as M&E officers at the national office. Support supervision will be devolved to provincial level to facilitate faster collation and reporting of data as well as feedback to the health facilities. Motorbikes will be purchased to enable district level supervision in all the 114 districts. The integrated HIV/AIDS reporting of PMTCT, CT, ART and other HIV service indicators in a single paper-based form at facility level that will be computerized at the district level (MOH Form 727) to assist with national and Emergency Plan reporting of care, treatment and prevention indicators, including PMTCT, CT, care, and ART. Through this activity NASCOP will complete the implementation and use of an integrated Heath Management Information System to capture facility-level HIV service indicators. (iv) As part following up the management of HIV/AIDS patients, NASCOP will oversee the implementation of an Electronic Medical Records (EMR) system at MOH facilities, with the assistance of the PHR+. The number of patients enrolled at comprehensive care clinics continues to grow as HIV-related mortality declines. Maintaining patient records on paper based systems is proving to be a big challenge to health care providers due to the volumes of paper they have to deal with. A pilot testing of the EMRs has been completed in Eastern province and this will now be scaled up nationally. The activity will provide detailed long term electronic data on follow-up of patients on treatment and provide easy mechanism of transfer of patient records whenever they change facility of treatment. It will also provide ready longitudinal data on treatment for program evaluation.

2.CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute by training 400 personnel in strategic information (sentinel surveillance, monitoring and evaluation, survey methodology) and by providing supportive supervision and improvement to the 46 sentinel surveillance sites, 74 District Health Management Teams and 10 Provincial/subprovincial MoH AIDS control offices. In addition, the activities will generate important data for EP program evaluation and policy formulation.

3.LINKS TO OTHER ACTIVIITES

This activity relates to other NASCOP activities across multiple program areas: HTXS (#7004), MTCT (#7006]), HVCT (#7009), HLAB (#7003), HVSI (#6988), HLAB (#6940), HVSI (#6824), HVSI (#6946), HVSI (#9012) and HVSI (#7098).

4.POPULATIONS BEING TARGETED

The HIV/AIDS indicator survey will target the general population, sentinel surveillance targets pregnant women and STI patients, the training and capacity building activities targets health workers, data managers, and the reports generated by this activity target policy makers.

5.EMPHASIS AREAS

This activity has four emphasis areas, none of which are over 50% of the activity, including an AIS population survey, HMIS, surveillance systems, and the USG database and reporting system, which relies heavily on facility data produced by NASCOP.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7002

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20228	4221.20228. 09	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	8994	3465.09		\$2,050,000
7002	4221.07	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	4266	3465.07		\$1,550,000
4221	4221.06	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	3465	3465.06		\$1,600,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15035	4067.08	7019	147.08	APHIA II Evaluation	University of North Carolina	\$0
14884	4092.08	6964	210.08		Kenya Medical Research Institute	\$2,310,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	125	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	1,344	False

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3476.08 Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State) Budget Code: HVSI Activity ID: 12498.08 Activity System ID: 14909 Mechanism: South Rift Valley USG Agency: Department of Defense Program Area: Strategic Information Program Area Code: 13 Planned Funds: \$300,000

Activity Narrative: PHE CONTINUING STUDY:

Project Title: Using Traditional Circumcision as Opportunities for Sharing HIV Prevention Messages and Active Adverse Event and Behavioral Risk Surveillance

Name of Local Co- Investigator: Ministry of Health-Kenya, Kenya Medical Research Institute

Project Description:

KEMRI/WRP will work with traditional circumcisers in targeted divisions among 6 districts in the rural, southern Rift Valley Province, where approximately 80% of men are circumcised, nearly ³/₄ by traditional circumcisers. Two activities will occur in FY07: First, HIV prevention messages based upon WHO and Kenya MOH guidance will be shared with young men undergoing circumcision. It is estimated that approximately 1000 young men in 6 districts will be reached. Second, protocol development will proceed in close collaboration with the MOH for active surveillance of adverse events associated with traditional circumcision as well as evaluation of prevention messages provided.

Timeline: FY 2008 = Year 2 of activity Year started: 2007 Expected year of completion: 2009

Funding: Funds received to date: Planned: \$300,000 (COP 07) Funds expended to date: N/A

Funds requested to complete the study: FY 08: \$300,000 Beyond FY08: TBD

Describe funds leveraged/contributed from other sources: N/A.

Status of Study:

The study is currently in the design stage and the protocol is currently being developed by KEMRI/Walter Reed Project. Internal review procedures at KEMRI/Walter Reed will continue after a protocol has been designed.

Lessons Learned:

The funding for this study has not yet been received and therefore there has been a delay in the initial phase of the evaluation. There has been considerable discussion within the Kenya team and with O-GAC given this PHE. Such close discussion will be critical given the sensitivities around traditional circumcision and how quickly policy, guidance, and opinions of primary stakeholders (e.g. MOH) are developing. It is anticipated that using year-1 to focus upon sharing of prevention messages and developing a working relationship in the rural areas will permit subsequent adverse event and behavioral survey to proceed more effeciently.

Information Dissemination Plan:

Description and sharing of actual prevention messages given to young men undergoing traditional circumcision will occur within the Kenya MC team, the Kenya MOH, Kenya Medical Research Institute, and O-GAC. Demographic coverage of prevention message recipients as well as traditional circumcisers will be provided to these same stakeholders as well. Once the adverse event active surveillance behavioral assessment protocol is developed, it will be sent to O-GAC prior to or in conjunction with IRB submissions. Ultimately after appropriate internal dissemination and review, results will be shared publicly, and also with the participating communities.

Planned FY08 Activities:

1. Extend our year-1 activity prevention messages based upon state-of-the-art prevention messages endorsed by Kenya MOH and WHO (staying focused on the fact that traditional circumcision is an excellent venue for prevention messages) to other areas in Kenya where traditional circumcision is prevalent. One potential area would be Bungoma District where previous USAID-funded qualitative work (Bailey and Egesah; April 2006) work with traditional circumcision and Luhyas.

2. Implement adverse event data collection in to any extended area of prevention messages (consistent with the protocol we will develop for active surveillance) and include a more robust behavioral assessment reflecting the prevention messages given.

3. Consider where WHO and Kenya MOH (and O-GAC) are with regard to traditional circumcisers for other potential interventions.

Budget Justification for FY2008 Budget (USD):

Salaries/ fringe benefits:	\$87,600
Equipment:	\$25,000
Supplies/office costs:	\$25,000
Travel: (Local)	\$25,000
Participant Incentives:	\$ -
Laboratory Testing:	\$ -
Other: Development of Prevention	n Interventions\$75,000
Indirect (22%: 12% WRAIR, 10%	62,400 KEMRI)\$62,400
Total:	\$300,000

HQ Technical Area:

Continuing Activity: 12498

Related Activity: 16997, 14915, 14903, 16854

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12498	12498.07	Department of Defense	Kenya Medical Research Institute	4249	3476.07	South Rift Valley	\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14915	4919.08	6973	238.08		Live With Hope Centre	\$120,000
16997	16997.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$360,000
14903	8808.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$240,000
16854	16854.08	6973	238.08		Live With Hope Centre	\$30,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Male circumcision

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

General population
Ages 10-14
Boys
Ages 10-14
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women

Coverage Areas

Rift Valley

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 210.08 Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State) Budget Code: HVSI Activity ID: 4092.08

Activity System ID: 14884

Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Strategic Information Program Area Code: 13 Planned Funds: \$2,310,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY.

The only changes to the program since the approval in 2007 COP are:

(i) The KAIS analysis and dissemination workshops. The KAIS is expected to provide a rich behavioral and serological data set. It is therefore expected that there will be ongoing analysis and writing up workshop on subsets of the data set in response to specific programmatic questions.

(ii) National scaling up of the PDA based TB case finding data management system will be completed. In addition, this system will be hooked into the Phones for Health infrastructure in areas where the two systems will have been implemented. This therefore extends the geographical coverage from two provinces to national.

(iii) Evaluation of the male circumcision trial in Nyanza province, which is linked to prevention activities (#####).

(iv) The use of smart cards will be piloted at health facilities in the DSS area to assess the acceptance and feasibility of the card for identification and the embedded memory chip as storage of basic health data that can be transferred with the patient if they move to another health facility within the DSS area. Recommendations will be made to the Ministry of Health on the scale up to cover a wider area, taking into account the lessons learn from the pilot and from other countries like Zambia that have implemented similar systems.

Going alongside the smart cards will be another pilot on the use of fingerprint recognition to uniquely identify patients who seek HIV related services, especially care and treatment. Various products exist in the market that can support will be evaluated and the best performing one integrated with the data management systems installed at the health facilities.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HVTB (#7001 and #6944), HVAB (#6903), HBHC (#7005), HVCT (#7009 and #6941), HVSI (#7002 and #6988) and HLAB (#6940).

2. ACTIVITY DESCRIPTION

This activity will result in improved HIV surveillance and in the increased capacity for analysis, dissemination and utilization of strategic information to strengthen HIV/AIDS policies and programs. This activity has several components: (i) Intervention Evaluation: KEMRI/CDC maintains a jointly funded Demographic Surveillance System (DSS) that monitors a population of 240,000 in Nyanza Province with HIV prevalence in adults of approximately 25%. The DSS is being used to capture individual and aggregatelevel data on HIV infection, care and treatment services uptake, and HIV/AIDS-associated mortality. The DSS is also being used to evaluate both the indirect and direct impact of ARV use on a population level, including economic impact, impact on land use and impact on mortality. In addition, KEMRI is evaluating the impact of HIV on orphanhood (approximately 1/3 of children under the age of 15 are orphans). The DSS has been expanded within Siaya district and will include the Siaya District Hospital. The expanded DSS will better be able to monitor the impact of the HIV interventions on all-cause mortality, HIV-specific mortality, and the rates of opportunistic infections through population-based surveys utilizing thrice-yearly census data and once yearly individual-level data. Mortality data will be collected using verbal autopsy in collaboration with the Ministry of Health and the Central Bureau of Statistics and improve HIV/AIDS mortality surveillance. A related sub-activity will entail setting up and maintaining a microwave/radio connection of Siaya District Hospital and two selected health facilities with KEMRI/CDC Kisian. This will allow real-time connections between DSS and clinical sites, greatly increasing the utility of DSS data in demonstrating ARV penetration. This project will also evaluate the feasibility of the use of fingerprint-based ID system vs. a photo ID/barcode based system for the unique identification of patients. (ii) Training: KEMRI will continue to offer training for MOH and PEPFAR partners' staff in strategic information and assist in collection, data entry, management, analysis, and utilization of program information. This continually improves the local human resource capacity to carry out SI activities. KEMRI data staff will also offer technical support to the national TB program on Portable Digital Assistant (PDA) data capture. The data management team will support the rollout of the new NASCOP registers and forms at facilities in Nyanza, Eastern and Central provinces. In addition to strengthening the national M&E system, PEPFAR reports will also be generated from these data and facility feedback provided on the scale-up of various services (HTXD, MTCT, HVCT, etc). As part of this activity, 140 individuals will be trained on data management and analysis. (iii) TB Reporting: To enhance the HMIS at the National Leprosy and TB Program (NLTP) integrated TB/HIV case reporting system in PDAs has been piloted in Nyanza and Nairobi. Following the successful pilot, PDA use will be extended to Coast and Eastern provinces. District and Provincial TB coordinators from these provinces will be trained on the use of PDA and each supplied with the handheld device. A GPRS module will be added to enable direct submission of data from the field to a central database at the provincial level resulting in fast and secure data submission. It is expected that the level of reporting for electronic TB data will increase to about 90%. A total of 80 individuals will be trained. (iv) Integrated AIDS Care Services Evaluation: An evaluation of an Integrated AIDS Care Services will be undertaken, with the aim of improving clinic-based HIV diagnostic testing and counseling (DTC), home-based HIV counseling and testing (HBT), and decentralized care and treatment in the KEMRI/CDC DSS. In order to carry out this evaluation, 50 counselors and health care workers at health facilities will be cross-trained so that they can offer HIV testing and counseling under a variety of circumstances (e.g., Home-based VCT, Diagnostic DTC, PMTCT, VCT). DTC will be implemented in health facilities following national guidelines. PLWHAs will be incorporated into the evaluation staff. Following HBT, all HIV-positive persons will be linked to a nearby health facility offering HIV services and receive an HIV "package of care". All HIV patients will be screened for TB and care provided for those who are dually infected. All persons from the DSS area that test HIV-positive (whether through HBVCT or DTC) will be treated and managed by MOH clinical staff and/or through community-based lay health workers. Pregnant women found to be HIV+ will be referred to the closest PMTCT site, and prevention interventions for discordant couples, as well as HIV+ and HIV- individuals will be delivered. (v) AIS Quality Assurance: Working in collaboration with the Central Bureau of Statistics and NASCOP on the AIDS Indicator Survey (AIS), KEMRI will, through its laboratory infrastructure, provide technical oversight and quality assurance for all laboratory testing using Dried Blood Spots (DBS) samples. Laboratory data will be managed by the KEMRI data management staff, who will also assist in analysis and report writing. 25 individuals will be trained (vi) KEMRI Kilifi has developed a DSS covering a 240,000 population that represents an 80%

Activity Narrative: catchments area for District Hospital admissions. Support for data management at the hospital level will link routine counseling and testing information with the DSS follow-up system to evaluate outcomes and impact of CT in the referral for care and treatment. 10 individuals including data managers and health workers will be trained.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute in numerous ways to overall program area goals, including assessing the penetration of HIV care and treatment activities, better understanding of orphanhood, TB, AIDS mortality, and home-based counseling and testing of HIV. It will strengthen the national M&E systems and reporting though the training of 160 individuals in SI and 20 organizations, including 12 MoH district programs.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in HVTB (#7001 and #6944), HVAB (#6903), HBHC (#7005), HVCT (#7009 and #6941), HVSI (#7002 and #6988) and HLAB (#6940).

5. POPULATIONS BEING TARGETED

The Demographic Surveillance Site targets the general population, sentinel surveillance targets pregnant women and STI patients, the training and capacity building activities targets health workers and data managers, and the reports generated by this activity target policy makers. Comprehensive evaluation of MC service delivery models and population level impact of MC: Leveraging the existing Demographic Surveillance System (DSS) in Nyanza Province, we will be able to evaluate the impact of MC circumcision on HIV incidence at the population level. We will also be able to document uptake, coverage and cost-effectiveness of facility-based MC service delivery and the added value of mobile approaches to MC service delivery. In addition, we will monitor adverse events as well as risk compensation and disinhibition. The existing DSS infrastructure provides a unique and excellent platform to assess operational research questions and identify the most efficient and effective models of MC service delivery. This evaluation will be conducted in partnership with NASCOP and KEMRI and the results will be used to inform GOK policy and strategy development. The evaluation will be incorporated in the comprehensive prevention, care, and treatment activity already planned for the DSS area to ensure that the population has full access to all services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6946

Related Activity: 16826, 14939

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20645	4092.20645. 09	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	9095	210.09		\$1,719,569
6946	4092.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	4246	210.07		\$3,310,000
4092	4092.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3201	210.06		\$2,189,403

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14939	4221.08	6981	3465.08		National AIDS & STD Control Program	\$2,000,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- Male circumcision

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	52	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	285	False

Indirect Targets

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 4914.08 Prime Partner: JHPIEGO

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 8875.08

Activity System ID: 14869

Mechanism: APHIA II - Eastern USG Agency: U.S. Agency for International Development Program Area: Strategic Information Program Area Code: 13 Planned Funds: \$200,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY.

The only changes to the program since approval in the 2007 COP include +development of data quality improvement plan, training data point persons on DQA tools and implementation of regular data quality audits at sampled health facilities and community level programs. Targets and funding level have also changed.

1.LIST OF RELATED ACTIVITIES

This activity is related to strategic information activities to be carried out by University of North Carolina/MEASURE Evaluation (#7098), NASCOP (#7002), and SI Targeted Evaluation/TBD (#9220).

2. ACTIVITY DESCRIPTION

This activity will strengthen the provincial and district level Health Management Information Systems (HMIS) currently in use by MOH at health facilities and Community Based Program Activity Reporting (COBPAR) currently being rolled out at Constituency AIDS Control Committees (CACC) levels by NACC through three key components. Component 1: Support APHIA II EASTERN/JHPIEGO and MOH program data collection processes for performance reporting needs (quarterly, semi-annual, annual). This component will support a participatory, coordinated and efficient data collection, analysis, use and provision of information to track achievement of APHIA II EASTERN/JHPIEGO and MOH's district level Annual Operation Plan II objectives, and inform decisions at the local, district and provincial levels, using standardized M&E/HMIS tools approved by the MOH. Component 2: Strengthen community and facility based reporting systems being rolled out by NACC and NASCOP. The component will support APHIA II EASTERN/JHPIEGO and MOH to measure progress towards its contribution to the overall country's Emergency plan, National Health Sector Strategic Plan II and Kenya National HIV/AIDS Strategic Plan goals and results frameworks. Specific activities will include building capacity of 40 local organisations and facilities to collect, report, analyse, and use both routine facility and non-facility data for planning and program improvement. Component 3: Take lead role in coordinating M&E activities in the province to meet the information needs of USAID/Kenya, the Emergency Plan. MOH. NACC and other stakeholders. in line with the "three ones" principle. APHIA II EASTERN/JHPIEGO will organize district-level consensus building forums on M&E issues, distribute standardized data collection and reporting tools, conduct regular data quality assurance processes at all data generation points, train 100 facility and community based data point staff on the new data collection/reporting tools and data use for improving program performance, and hold provincial level quarterly and annual stakeholders' information dissemination meetings. APHIA II Eastern/JHPIEGO will be held accountable for tangible results, especially in increased use of harmonized data collection and reporting tools at health facilities developed by MOH, increased data use in planning and at dissemination workshops to various stakeholders, increased supportive-supervisory visits and routine data quality assessments at all data collection points by M&E/HMIS officers, and improved coordination of M&E activities in Eastern province. These efforts should result into demonstrated evidence in increased national level reporting by up to 60% from health facilities to NASCOP national database.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activity builds on the FY 2006 activities that support the national M&E systems as well as contributing to the Emergency Plan's training outputs. In overall, the activity will provide technical assistance to twenty local organizations/health facilities in strategic information in addition to supporting the training of 55 SI and program managers in M&E/HMIS, reporting and data use for program management

4. LINKS TO OTHER ACTIVITIES

This activity is related to the strategic information activity to be carried out by University of North Carolina/MEASURE Evaluation (#7098), where MEASURE Evaluation will be supporting NACC in rolling out COBPAR system for community level reporting. It is also related to the strategic information to be carried out by NASCOP (#7002), where NASCOP will be rolling out Form 726, Form 727 and program specific client registers for data collection and reporting at health facilities. It is also related to SI TE/TBD (#9220) that will attempt to investigate the causes for low reporting rate by health facilities and recommend strategies for achieving 100% reporting level by health facilities.

5. POPULATIONS BEING TARGETED

This activity targets host government and other health care workers like M&E and HMIS officers responsible for data collection, analysis, reporting and use at both health facilities and community level. Program managers are as well targeted for orientation on the role M&E in program management.

6. EMPHASIS AREAS

The major emphasis area is Health Management Information Systems (HMIS) and minor areas include Monitoring, evaluation, or reporting (or program level data collection) and Other SI Activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8875

Related Activity: 14988, 15035

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20612	8875.20612. 09	U.S. Agency for International Development	JHPIEGO	9088	4914.09	APHIA II - Eastern	\$500,000
8875	8875.07	U.S. Agency for International Development	JHPIEGO	4914	4914.07	APHIA II - Eastern	\$75,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15035	4067.08	7019	147.08	APHIA II Evaluation	University of North Carolina	\$0

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	40	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	False

Indirect Targets

Coverage Areas

Eastern

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 1244.08 Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State) Budget Code: HVSI Activity ID: 5115.08

Activity System ID: 14901

Mechanism: Kenya Department of Defense USG Agency: Department of Defense Program Area: Strategic Information Program Area Code: 13

Planned Funds: \$150,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in Prevention of Mother-to-Child Transmission (#6959), Counseling and Testing (#6957), Treatment: ARV Services (#6958) and Laboratory Infrastructure (#7003).

2.ACTIVITY DESCRIPTION

In FY 2005, Kenya Department of Defense (KDOD) initiated the development of a basic data system for documentation of individual patient data collection, analysis and dissemination of HIV/AIDS behavioral and biological surveillance and monitoring information as required by the Kenya Ministry of Health (MOH) as well as the Office of the Global AIDS Coordinator (OGAC). For the purpose of ART patient monitoring and assessment of treatment success and drug resistance the KDOD will continue to develop a unified HMIS at all its sites. In FY 2008, KDOD will continue supporting all the HIV program areas of HTXS, HVCT, MTCT, HKID, HLAB and HVTB at each of 8 KDOD Comprehensive Care Clinics, including the Armed Forces Memorial Hospital (AFMH) in Nairobi, the Airforce Base Medical centre in Laikipia, Gilgil Regional Military Hospital (GRMH), Lanet Army Barracks hospital, Naval Sick Bay at Mombasa, the Airforce Base Medical centre in Nairobi(Moi Air Base), as well the outlying military hospitals in Eldoret and Thika and. In addition, all the stations will continue to be provided with the necessary data automation computerized system and other communication equipment required for electronic entry of patient-specific encounter data required by the National AIDS/STI Control Program (NASCOP) as well as entry of the targets set by OGAC as Emergency Plan indicators for SI on a monthly basis. The data center will continue receiving support as the central monitoring and evaluation point for all the 8 treatment stations in the military and the neighboring satellite clinics. As data systems scale up there is need to train more staff in Data management, Monitoring and Evaluation, Surveillance and HMIS. To improve the local human resource capacity to carry out SI activities a total of 27 individuals will be trained in strategic information and data management (includes M&E, surveillance, health systems research, epidemiology and/or HMIS). In FY 2008 an effective and efficient planning, monitoring and evaluation system including a functioning MIS will continue to be developed and ICT capacity at DHQ and all the stations will be enhanced. The KDOD will continue to develop a unified health management information system for all its stations. The KDOD will also develop and expand its capacity to carry out public health evaluations. 3. CONTRIBUTIONS TO OVERALL PROGRAM The development of the SI system will largely contribute to the expansion of an effective and efficient ART program that will result in the provision of quality care to all HIV-positive patients under the KDOD program and result to improved patient management. The resulting expansion of care will play a critical role towards achieving the PEPFAR goals for KDOD as well as for the needs of the national HIV/AIDS care and treatment program. It will also result to improved data gathering, reporting, data guality and accessibility.

4. LINKS TO OTHER ACTIVITIES

This activity links to KDOD-KEMRI activities in the areas of MTCT, HVCT, HVTB, HTXS and HKID by providing linkages between the patient data monitoring system and PEPFAR national reporting systems through better data generated at each of these clinics within each of the 8 treatment sites and its satellite clinics. It will link to other activities by providing a broad range of technology that allows sharing of information and development of strategies for promotion of better health. In addition, this activity will link to the HVSI and HLAB activities to be carried out by NASCOP and the SI activity to be carried out by Abt Associates-PHR+ (#6824) in utilizing national software for reporting.

5. POPULATIONS BEING TARGETED

As ART is introduced as part of the basic care available to military, dependents and surrounding community civilian personnel, the KDOD will need to provide local medical personnel with a reliable computerized system which will allow them to maintain an accurate and up-to-date patient treatment data and laboratory and pharmacy drug treatment monitoring, to include compliance markers, recording of any side effects, and monitoring of minimum laboratory evaluations such as CD4 counts, hematology indices and chemistry (liver function tests and renal function). Maintenance of this data system at each location will be invaluable in facilitating and adequately providing medical support to HIV-infected patients.

6. EMPHASIS AREAS

The major emphasis for this activity will go towards development of the information technology and communications infrastructure by directing resources in acquiring computer hardware and software development as well as networking equipment and supplies. The KDOD will continue to support the 8 data clerks (one for each station), who will administer, supervise the Health Management Information systems (HMIS) and manage the ICT resources. Training of data automation workers and maintenance of the Data Management Unit (DMU) at the central AFMH referral facility as well as capacity enhancing of the data center at Defense Headquarters will be undertaken .Thus, the development of this SI initiative will result in the provision of improved quality of care and reliable maintenance and reporting of program specific EP program SI markers on a consistent basis. It will also result to improved level of reporting that is timely, consistent, and accurate.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6965

Related Activity: 14892, 14897, 14898, 14899, 14900

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20597	5115.20597. 09	Department of Defense	Henry M. Jackson Foundation Medical Research International, Inc.	9086	1244.09	Kenya Department of Defense	\$150,000
6965	5115.07	Department of Defense	Kenya Medical Research Institute	4248	1244.07	Kenya Department of Defense	\$90,000
5115	5115.06	Department of Defense	Kenya Medical Research Institute	3262	1244.06	Kenya Department of Defense	\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14892	4251.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$100,000
14897	5099.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$150,000
14898	4249.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$120,000
14899	4250.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$1,150,000
14900	4825.08	6967	1244.08	Kenya Department of Defense	Kenya Medical Research Institute	\$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	9	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	27	False

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

Coverage Areas			
Central			
Coast			
Eastern			
Nairobi			
Rift Valley			

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 4917.08 Prime Partner: Pathfinder International Funding Source: GHCS (State) Budget Code: HVSI Activity ID: 8870.08

Activity System ID: 14966

Mechanism: APHIA II - Central USG Agency: U.S. Agency for International Development Program Area: Strategic Information Program Area Code: 13

Planned Funds: \$275,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY.

The only change to the program since approval in the 2007 COP is

+ the planned development of improved tools and models for collecting, analyzing and disseminating HIV/AIDS behavioral and health monitoring information including health facility surveys, plan to conduct operations research that will illuminate areas of data management requiring strengthening and development. This activity also includes the development of data quality improvement plan, training data point persons on DQA tools and implementation of regular data quality audits at sampled health facilities and community level programs. Targets and funding levels have also changed.

1.LIST OF RELATED ACTIVITIES

This activity is related to the strategic information activities to be carried out by University of North Carolina/MEASURE Evaluation (#7098), NASCOP (#7002), and TE/TBD (#9220).

2.ACTIVITY DESCRIPTION

This activity will strengthen the provincial and district level Health Management Information Systems (HMIS) currently in use by MOH at health facilities and Community Based Program Activity Reporting (COBPAR) currently being rolled out at Constituency AIDS Control Committees (CACCS) levels by NACC through 3 key components. Component 1: Support APHIA II NAIROBI-CENTRAL/PATHFINDER INTERNATIONAL and MOH program data collection processes for performance reporting needs (quarterly, semi-annual, annual). This component will support a participatory, coordinated and efficient data collection, analysis, use and provision of information to track achievement of APHIA II NAIROBI-CENTRAL/PATHFINDER INTERNATIONAL and MOH's district level Annual Operation Plan II objectives, and inform decisions at the local, district and provincial levels, using standardized M&E/HMIS tools approved by the MOH. Component 2: Strengthen community and facility based reporting systems being rolled out by NACC and NASCOP. The component will support APHIA II NAIROBI-CENTRAL/PATHFINDER INTERNATIONAL and MOH to measure progress towards its contribution to the overall country's Emergency plan, National Health Sector Strategic Plan II and Kenya National HIV/AIDS Strategic Plan goals and results frameworks. Specific activities will include building capacity of the 83 local organisations and facilities to collect, report, analyse, and use both routine facility and non-facility data for planning and program improvement. Component 3: Take lead role in coordinating M&E activities in the province to meet the information needs of USAID/Kenya, the Emergency Plan, MOH, NACC and other stakeholders, in line with the "three ones" principle. APHIA II NAIROBI-CENTRAL/PATHFINDER INTERNATIONAL will organize district-level consensus building forums on M&E issues, distribute standardized data collection and reporting tools, conduct regular data guality assurance processes at all data generation points, train 100 facility and community based data point staff on the new data collection/reporting tools and data use for improving program performance, and hold provincial level quarterly and annual stakeholders' information dissemination meetings. APHIA II Nairobi-Central/Pathfinder International will be held accountable for tangible results, especially in increased use of harmonized data collection and reporting tools at health facilities developed by MOH, increased data use in planning and at dissemination workshops to various stakeholders, increased supportive-supervisory visits and routine data quality assessments at all data collection points by M&E/HMIS officers, and improved coordination of M&E activities in Nairobi/Central provinces. These efforts should result into demonstrated evidence in increased national level reporting by up to 60% from health facilities to NASCOP national database

3.CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activity builds on the FY 2006 activities that support the national M&E systems as well as contributing to the Emergency Plan's training outputs. In overall, the activity will provide technical assistance to forty local organizations/health facilities in strategic information in addition to supporting the training of 110 SI and program managers in M&E/HMIS, reporting and data use for program management.

4.LINKS TO OTHER ACTIVITIES

This activity is related to the strategic information activity to be carried out by University of North Carolina/MEASURE Evaluation (#7098), where MEASURE Evaluation will be supporting NACC in rolling out COBPAR system for community level reporting. It is also related to the strategic information to be carried out by NASCOP (#7002), where NASCOP will rolling out Form 726, Form 727 and program specific client registers for data collection and reporting at health facilities. It is also related to SI TE/TBD (#9220), that will attempt to investigate the causes for low reporting rate by health facilities and recommend strategies for achieving 100% reporting level by health facilities.

5. POPULATIONS BEING TARGETED

This activity targets host government workers and other health care workers like M&E and HMIS officers responsible for data collection, analysis, reporting and use at both health facilities and community level. Program managers are as well targeted for orientation on the role M&E program management.

6.EMPHASIS AREAS

The major emphasis area is Health Management Information Systems (HMIS) and minor areas include Monitoring, evaluation, or reporting (or program level data collection) and Other SI Activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8870

Related Activity: 14988, 15035

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20181	8870.20181. 09	U.S. Agency for International Development	Pathfinder International	8983	4917.09	APHIA II - Central	\$450,000
8870	8870.07	U.S. Agency for International Development	Pathfinder International	4917	4917.07	APHIA II - Central / Nairobi	\$140,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15035	4067.08	7019	147.08	APHIA II Evaluation	University of North Carolina	\$0

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	83	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	False

Indirect Targets

Coverage Areas

Central

Nairobi

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 4918.08

Prime Partner: Program for Appropriate Technology in Health

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 8855.08

Activity System ID: 15000

Mechanism: APHIA II - Western USG Agency: U.S. Agency for International Development Program Area: Strategic Information Program Area Code: 13 Planned Funds: \$250,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP include development of data quality improvement plan, training data point persons on DQA tools and implementation of regular data quality audits at sampled health facilities and community level programs. Targets and funding level have also changed.

1.LIST OF RELATED ACTIVITIES

This activity is related to the strategic information activity to be carried out by University of North Carolina/MEASURE Evaluation (#7098), strategic information activity to be carried out by NASCOP (#7002) and strategic information TE/TBD (#9220).

2.ACTIVITY DESCRIPTION

This activity will strengthen the provincial and district level Health Management Information Systems (HMIS) currently in use by MOH at health facilities and Community Based Program Activity Reporting (COBPAR) currently being rolled out at Constituency AIDS Control Committees (CACCS) levels by NACC through 3 key components. Component 1: Support APHIA II WESTERN /TBD and MOH program data collection processes for performance reporting needs (guarterly, semi-annual, annual). This component will support a participatory, coordinated and efficient data collection, analysis, use and provision of information to track achievement of APHIA II WESTERN /TBD and MOH's district level Annual Operation Plan II objectives, and inform decisions at the local, district and provincial levels, using standardized M&E/HMIS tools approved by the MOH. Component 2: Strengthen community and facility based reporting systems being rolled out by NACC and NASCOP. The component will support APHIA II WESTERN /TBD and MOH to measure progress towards its contribution to the overall country's Emergency plan, National Health Sector Strategic Plan II and Kenya National HIV/AIDS Strategic Plan goals and results frameworks. Specific activities will include building capacity of 40 local organisations and facilities to collect, report, analyse, and use both routine facility and non-facility data for planning and program improvement. Component 3: Take lead role in coordinating M&E activities in the province to meet the information needs of USAID/Kenya, the Emergency Plan, MOH, NACC and other stakeholders, in line with the "three ones" principle. APHIA II WESTERN /TBD will organize district-level consensus building forums on M&E issues, distribute standardized data collection and reporting tools, conduct regular data guality assurance processes at all data generation points, train 120 facility and community based data point staff on the new data collection/reporting tools and data use for improving program performance, and hold provincial level guarterly and annual stakeholders' information dissemination meetings. APHIA II Western/TBD will be held accountable for tangible results, especially in increased use of harmonized data collection and reporting tools at health facilities developed by MOH, increased data use in planning and at dissemination workshops to various stakeholders, increased supportive-supervisory visits and routine data quality assessments at all data collection points by M&E/HMIS officers, and improved coordination of M&E activities in Western province. These efforts should result into demonstrated evidence in increased national level reporting by up to 60% from health facilities to NASCOP national database.

3.CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activity builds on the FY 2006 activities that support the national M&E systems as well as contributing to the Emergency Plan's training outputs. In overall, the activity will provide technical assistance to twenty five local organizations/health facilities in strategic information in addition to supporting the training of 75 SI and program managers in M&E/HMIS, reporting and data use for program management.

4.LINKS TO OTHER ACTIVITIES

This activity is related to the strategic information activity to be carried out by University of North Carolina/MEASURE Evaluation (#7098), where MEASURE Evaluation will be supporting NACC in rolling out COBPAR system for community level reporting. It is also related to the strategic information to be carried out by NASCOP (#7002), where NASCOP will be rolling out Form 726, Form 727 and program specific client registers for data collection and reporting at health facilities. It is also related to SI TE/TBD (#9220) that will attempt to investigate the causes for low reporting rate by health facilities and recommend strategies for achieving 100% reporting level by health facilities.

5. POPULATIONS BEING TARGETED

This activity targets host government and other health care workers like M&E and HMIS officers responsible for data collection, analysis, reporting and use at both health facilities and community level. Program managers are as well targeted for orientation on the role M&E program management.

6.EMPHASIS AREAS

The major emphasis area is Health Management Information Systems (HMIS) and minor areas include Monitoring, evaluation, or reporting (or program level data collection) and Other SI Activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8855

Related Activity: 14988, 15035

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20079	8855.20079. 09	U.S. Agency for International Development	Program for Appropriate Technology in Health	8958	4918.09	APHIA II - Western	\$600,000
8855	8855.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	4918	4918.07	APHIA II - Western	\$90,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15035	4067.08	7019	147.08	APHIA II Evaluation	University of North Carolina	\$0

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	40	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	120	False

Coverage Areas

Western

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 147.08 Prime Partner: University of North Carolina

Funding Source: GHCS (State) Budget Code: HVSI Activity ID: 4067.08 Activity System ID: 15035 Mechanism: APHIA II Evaluation USG Agency: U.S. Agency for International Development Program Area: Strategic Information Program Area Code: 13

Planned Funds: \$0

Activity Narrative: THIS IS AN ONGOING ACTIVITY.

The changes to the program since approval in the 2007 COP are

 due to ceiling problem with Measure Evaluation, a follow-on bilateral agreement through sole source with University of North Carolina under a new funding mechanism known as APHIA II Evaluation is being negotiated and once completed will implement the activity,

 the plan to lead a coordinated approach to MARP studies conducted by other implementing partners through a workshop to standardize the approach and coordinate studies among different partners and to disseminate findings in a single workshop (\$100,000), plan to conduct data quality assessment, develop and support a data quality monitoring and improvement plan through use of data quality assessment tool for capacity building in order to both assess the quality of data related to selected PEPFAR indicators (especially those of high NASCOP and NACC priority) and to institutionalize the capacity within implementing partners to conduct routine DQAs (\$50,000),

• harmonization of GIS datasets across various organizations and programs within the Kenyan health sector resulting in a base of GIS health sector data (\$52,000), and

 plan to support the rollout of District Management Information System (DMIS) to 5 additional districts to enhance routine collection, analysis and reporting of data on OVC enrollment and school attendance (\$250,000). Targets and funding level have also changed.

1.LIST OF RELATED ACTIVITIES

This activity is related to activities in strategic information (#7002, #9220, and #9012).

2.ACTIVITY DESCRIPTION

This activity has several components. The first component of this activity (\$720,500), will continue to support the position of an SI resident advisor (\$605,000) to coordinate and support USG PEPFAR reporting in Kenya by: 1) coordinating PEPFAR reporting among all of Kenya's implementing partners (\$10,000); 2) maintaining the Kenya-Program Monitoring System, KePMS and providing database training to all new PEPFAR implementing partners (IPs) (\$42,300); 3) continuing to work with PSRI to assess the M&E training needs and provide general (50 people) and targeted (50 people) M&E training to staff of 90 PEPFAR IPs (\$63,200 sub-contract to PSRI). In the second component (\$750,500), MEASURE will support NACC to fully develop Community Based Program Activity Reporting (COBPAR) by implementing the stakeholder consultation and data use modules in the two provinces of Rift Valley and Coast in addition to the on going national roll out. This is a phased process that will initially start in the two provinces, but gradually, based on its success, will be expanded to other provinces. MEASURE will achieve this by 1) providing technical support to build community-level capacity to generate and use information for program planning in these two provinces and assist with expansion of community level program reporting through the stakeholder engagement processes in other provinces (sub contract NACC \$150,500 and \$75,000 TA); 2) assisting NACC with remote data capture and dissemination through automation of their data entry by purchasing hardware and providing training at the CACC level for 20 District Technical Committees' computers (\$75,000) and for 70 PDA (\$175,000) for 60 CACCs; 3) training staff by sub-contracting PSRI (\$75,000) to train 125 people in 5 5-day trainings at Coast and Rift Valley); 4) conducting evaluation of this focused approach in 2 provinces to learn lessons valuable to its expansion, develop national database (COBPAR, CRIS), and upgrade the system to allow for routine data analysis (\$50,000). MEASURE will carry out a capacity building assessment, and, jointly with NACC management, develop a capacity building action plan and follow-up on its implementation (\$40,000). For increased system ownership and data use among all stakeholders, MEASURE will further support 1) upgrading of the COBPAR training manual to include lessons learnt during training of trainers (TOT) in 2 provinces; 2) inclusion of COBPAR training modules in management training courses; 3) development and printing of data collection tools (registers) for COBPAR reporting; and 4) technical assistance for central engagement of stakeholders in reviewing the COBPAR system and data use (\$110,000). The third component (\$300,000) will support both short and long-term M&E training needs in Kenya, in order to build a cadre of professionals in Kenya who are skilled in monitoring and evaluation of HIV/AIDS programs. In the short run, MEASURE will seek to improve and increase the number of professionals with HIV/AIDS M&E skills in Kenya, by collaborating with PSRI to implement two 2-week short course on M&E of HIV/AIDS for 60 program managers and MOH staff currently involved in implementing HIV/AIDS programs (\$75,000). For long term M&E capacity building in the country, MEASURE will provide technical support to University of Nairobi/PSRI to develop a graduate level M&E training course. (\$225,000). This support will aid in meeting the high demand for advanced-level M&E training in Kenya by increasing access to graduate level M&E training at affordable costs MEASURE's technical support will be in the area of development/adaptation of the existing M&E training curricula to be implemented in a MPH-level M&E concentration at the university. PSRI will manage course operations and cover training expenses through course fees. In the fourth component (\$50,000), MEASURE will seek to strengthen existing sources of cause-specific mortality statistics by improving the consistency and standardization of AIDS mortality data collection procedures and methodology in 5 Demographic Surveillance Sites (Kilifi, KEMRI, Kibera, Rusinga and Nairobi Urban), Central Bureau of Statistics, and Ministry of Health. MEASURE will design and support a focused action plan to improve the guality of mortality data. Technical input and collaboration will also be sought from members of the Health Metrics Network 'Monitoring of Vital Events' (MoVE) Task Group specifically: CDC National Center for Health Statistics, Health Metrics Network, and INDEPTH. Use of facility and community-based data sources, including resources will be enhanced through a) facilitating implementation of plans for increased coordination, collaboration, and harmonization of methods relating to mortality surveillance at existing DSS; b) increasing use of AIDS-specific mortality outputs by stakeholders at all levels through broad-based stakeholders joint planning and reporting; c) collaborating with existing DSS sites in Kenya and MOH to expand demographic and mortality surveillance using SAVVY to increase representativeness, quality and use of AIDS-specific mortality data. Quality assessment methods for Kenya's vital registration system/routine medical certification and coding of AIDS-related mortality will be strengthened and use of available mortality data by various stakeholders improved. MEASURE will develop a detailed annual work plan that will guide the implementation of this activity, monitoring of key results, information dissemination, reporting and use at all levels of the national HIV/AIDS response.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA.

The activity builds on FY 2006 activities that support the national M&E systems as well as contributing to the Emergency Plan's training outputs. The activity will provide technical assistance to 110 local organizations and community based structures in strategic information in addition to supporting the training of 285 other health care workers like M&E/HMIS Officers, Program managers, District Technical

Activity Narrative: Committees and CACCS in M&E/HMIS, reporting and data use for program management.

4. LINKS TO OTHER ACTIVITIES

This activity is related to the strategic information activity to be carried out by NASCOP (#7002), where NASCOP will be rolling out Form 726, Form 727 and program specific client registers for data collection and reporting at health facilities. It is also related to SI TE/TBD (#9220), that will attempt to investigate the causes for low reporting rate by health facilities and recommend strategies for achieving 100% reporting level by health facilities. It is related to strategic information activity to be carried out by Price WaterhouseCoopers/NACC (#9012) which will support the development of data management infrastructure and supportive field supervision of COBPAR activities by the M&E Coordinator.

5. POPULATIONS BEING TARGETED This activity targets host government workers.

6. EMPHASIS AREAS

The major emphasis is USG database and reporting system while minor includes monitoring, evaluation, or reporting (or program level data collection and information technology (IT) and communications infrastructure. Measure Evaluation will use the additional funds (\$400,000) to 1) strengthen the capacity of the Resident Advisor's office by recruiting additional Strategic Information Officers to provide the much needed M&E technical support to PEPFAR partners at provincial and district levels 2) to support the recruitment, relocation and transition expenses for the new Resident Advisor for Kenya.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7098

Related Activity: 14988, 14966, 14869, 15000, 14786, 14805, 14814, 14939

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19990	4067.19990. 09	U.S. Agency for International Development	Macro International	8941	147.09	APHIA II Evaluation	\$1,700,000
7098	4067.07	U.S. Agency for International Development	University of North Carolina	4300	147.07	Measure Evaluation	\$0
4067	4067.06	U.S. Agency for International Development	University of North Carolina	3191	147.06	Measure Evaluation	\$1,588,770

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14786	8859.08	6944	4915.08	APHIA II - Nyanza	Engender Health	\$400,000
14805	8895.08	6947	4916.08	APHIA II - Rift Valley	Family Health International	\$400,000
14814	9711.08	6948	4913.08	APHIA II - Coast	Family Health International	\$300,000
14869	8875.08	6960	4914.08	APHIA II - Eastern	JHPIEGO	\$200,000
14966	8870.08	6987	4917.08	APHIA II - Central	Pathfinder International	\$275,000
15000	8855.08	6999	4918.08	APHIA II - Western	Program for Appropriate Technology in Health	\$250,000
14939	4221.08	6981	3465.08		National AIDS & STD Control Program	\$2,000,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	8678.08	Mechanism:	HIVQUAL
Prime Partner:	New York AIDS Institute	USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHCS (State)	Program Area:	Strategic Information
Budget Code:	HVSI	Program Area Code:	13
Activity ID:	19428.08	Planned Funds:	\$300,000
Activity System ID:	19428		
Activity Narrative:			
HQ Technical Area:			
New/Continuing Activity:	New Activity		
Continuing Activity:			
Related Activity:			

Table 3.3.13: Activities by Funding Mechansim

Funding Source:GHCS (State)Budget Code:HVSIActivity ID:19424.08Activity System ID:19424Activity Narrative:19424HQ Technical Area:HQ Technical Area:New/Continuing Activity:New ActivityContinuing Activity:Related Activity:

Program Area: Strategic Information Program Area Code: 13 Planned Funds: \$2,773,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 288.08 Prime Partner: University of California at San Francisco Funding Source: GHCS (State) Budget Code: HVSI Activity ID: 19426.08 Activity System ID: 19426 Activity Narrative: HQ Technical Area: New/Continuing Activity: New Activity Continuing Activity: Related Activity: Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Strategic Information Program Area Code: 13 Planned Funds: \$635,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3476.08 Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State) Budget Code: HVSI Activity ID: 16827.08 Activity System ID: 16827 Mechanism: South Rift Valley USG Agency: Department of Defense

Program Area: Strategic Information Program Area Code: 13

Planned Funds: \$307,000

Activity Narrative: 1.ACTIVITY DESCRIPTION

This activity will strengthen the provincial and district level Health Management Information Systems (HMIS) currently in use by MOH at health facilities and Community Based Program Activity Reporting (COBPAR) currently being rolled by NACC through Constituency AIDS Control Committees (CACC), through three key components.

Component 1:

Support South Rift Valley and MOH program data collection processes for performance reporting needs (quarterly, semi-annual, annual). This component will support a participatory, coordinated and efficient data collection, analysis, use and provision of information to track achievement of South Rift Valley and MOH's district level objectives, and inform decisions at the local, district and provincial levels, using standardized M&E/HMIS tools approved by the MOH.

Component 2:

Strengthen community and facility based reporting systems being rolled out by NACC and NASCOP. The component will support South Rift Valley and MOH to measure progress towards its contribution to the overall country's emergency plan, National Health Sector Strategic Plan II and Kenya National HIV/AIDS Strategic Plan goals and results frameworks. Specific activities will include building capacity of the 6 districts and their heath facilities to collect, report, analyze, and use both routine facility and non-facility data for planning and program improvement.

Component 3:

Take lead role in coordinating M&E activities in the province to meet the information needs of the Emergency Plan, MOH, NACC and other stakeholders, in line with the "three ones" principle. South Rift Valley will organize district-level consensus building forums on M&E issues, distribute standardized data collection and reporting tools, conduct regular data quality assurance processes at all data generation points, train 200 facility based data point staff on the new data collection/reporting tools and data use for improving program performance, and hold quarterly and annual stakeholders' information dissemination meetings.

South Rift Valley will be held accountable for tangible results, especially in increased use of harmonized data collection and reporting tools at health facilities developed by MOH, increased data use in planning and at dissemination workshops to various stakeholders, increased supportive-supervisory visits and routine data quality assessments at all data collection points by M&E/HMIS officers, and improved coordination of M&E activities in South rift Valley. These efforts should result into demonstrated evidence in increased national level reporting by up to 60% from health facilities to NASCOP national database.

2.CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activity builds on activities that support the national M&E systems as well as contributing to the Emergency Plan's training outputs. In overall, the activity will provide technical assistance to the six districts and their health facilities in strategic information in addition to supporting the training of 200 facility based data point staff, SI, program managers in M&E/HMIS, reporting and data use for program management.

3.LINKS TO OTHER ACTIVITIES

This activity links to South Rift Valley activities in the areas of MTCT, HVCT, HVTB, HKID, HBHC and HTXS by providing linkages between the patient data monitoring system and PEPFAR and national reporting systems through better data generated at each of the treatment sites. In addition, this activity will link to the HVSI activities to be carried out by NASCOP.

4. POPULATIONS BEING TARGETED

This activity targets host government workers and other health care workers like M&E and HMIS officers for data collection, analysis, reporting and use at both health facilities and community level. Program managers are as well targeted for orientation on the role of M&E program management.

5.EMPHASIS AREAS

The major emphasis area is Health Management Information Systems (HMIS) and minor areas include Monitoring, evaluation, or reporting (or program level data collection), Information Technology (IT) and Communications Infrastructure and Other SI Activities.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14902, 14906, 14907, 14908, 16508

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14902	4804.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$2,021,145
14906	12478.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$300,000
14907	4828.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,280,000
14908	6973.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$7,170,714
16508	16508.08	6968	3476.08	South Rift Valley	Kenya Medical Research Institute	\$1,575,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	12	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	120	False

Target Populations

Other

Civilian Populations (only if the activity is DOD)

Coverage Areas

Nyanza

Rift Valley

Mechanism ID:	341.08	Mechanism:	BRIDGE Project		
Prime Partner:	Population Reference Bureau	USG Agency:	U.S. Agency for International Development		
Funding Source:	GHCS (State)	Program Area:	Strategic Information		
Budget Code:	HVSI	Program Area Code:	13		
Activity ID:	16824.08	Planned Funds:	\$150,000		
Activity System ID:	16824				
Activity Narrative:	 1. LIST OF RELATED ACTIVITIES. This activity is related to Strategic Information activities of the University of North Carolina/APHIA II Evaluation, NASCOP, and USAID/TBD. 2. ACTIVITY DESCRIPTION: This activity has several components: (1) In 2006-2007, through USAID/W core funds, PRB assisted NCAPD in creating a stakeholder task force devoted to PHE linkages and in conducting an assessment of 				

NCAPD in creating a stakeholder task force devoted to PHE linkages and in conducting an assessment of current policies and programs that focus on PHE initiatives. PRB proposes conducting a one-week workshop with NCAPD, NEMA, the MOH and other partners on Communicating Environmental Research to Policymakers: Exploring Population, Health and Environment Linkages. The objective of the workshop will be to train stakeholders to maximize policymakers' and planners' use of project and research results that illustrate the interaction of population, health and environment variables. The workshop will be designed for researchers, program managers, and others responsible for formulating and implementing environmental programs. Participants will develop a policy-level communication strategy and action plan; design a media strategy; and develop short policy documents and presentations, among other outputs. 20 policy makers and planners from GOK and USG partners will be trained.

In the second component of this activity, PRB will tailor its successful policy communication and data use training program to focus on HIV/AIDS. This will build capacity of population and health professionals in RH/HIV/AIDS policy communication and data use skills. This will be achieved through conducting 2 - two-week workshops hosted by NCAPD (and partner PSRI staff) each for 15-25 population and health professionals from the public and private sectors. The training is designed to help participants increase the use of research and survey findings for the improvement of policies and programs in HIV/AIDS.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity builds on the FY 2006 activities that support the national M&E systems as well as contributing to the Emergency Plan's efforts to build local capacity in M&E. The activity will strengthen the capacity of 20 local organizations in strategic information in addition to supporting the training of 50 population and health professionals in data use for policy formulation and program management.

4. LINKS TO OTHER ACTIVITIES

This first component of the activity is related to the strategic information activity to be carried out by University of North Carolina/APHIA II Evaluation (#####), where APHIA II Evaluation will be supporting NACC in rolling out COBPAR system for community level reporting. It is also related to the strategic information to be carried out by NASCOP (#####), where NASCOP will be rolling out Form 726, Form 727 and program specific client registers for data collection and reporting at health facilities. It is also related to USAID/TBD (######), that will attempt to harmonize mortality estimates methodologies and SAVVY systems in 5 DSS sites in Kenya.

5. POPULATIONS BEING TARGETED

This activity targets senior host government planning and policy formulation workers, and strategic information point persons working for USG and implementing partners.

6. EMPHASIS AREAS:

The major emphasis is strategic information (M&E, HMIS, Survey/Surveillance, Reporting), while the minors include human capacity building and local organization capacity building

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14988, 15035

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15035	4067.08	7019	147.08	APHIA II Evaluation	University of North Carolina	\$0

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	20	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	70	False

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	4919.08	Mechanism:	APHIA II - North Eastern
Prime Partner:	Pathfinder International	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)	Program Area:	Strategic Information
Budget Code:	HVSI	Program Area Code:	13
Activity ID:	8864.08	Planned Funds:	\$150,000
Activity System ID:	14705		

Activity Narrative: THIS IS AN ONGOING ACTIVITY.

The only changes to the program since approval in the 2007 COP include development of data quality improvement plan, training data point persons on DQA tools and implementation of regular data quality audits at sampled health facilities and community level programs. Funding level has also changed. This activity also includes the development of data quality improvement plan, training data point persons on DQA tools and implementation of regular data quality improvement plan, training data point persons on DQA tools and implementation of regular data quality audits at sampled health facilities and community level programs.

1.LIST OF RELATED ACTIVITIES

This activity is related to the strategic information activities to be carried out by University of North Carolina/MEASURE Evaluation (#7098),NASCOP (#7002), and TE/TBD (#9220).

2.ACTIVITY DESCRIPTION

This activity will strengthen the provincial and district level Health Management Information Systems (HMIS) currently in use by MOH at health facilities and Community Based Program Activity Reporting (COBPAR) currently being rolled out at Constituency AIDS Control Committees (CACCS) levels by NACC through 3 key components. Component 1: Support APHIA II NEP/TBD and MOH program data collection processes for performance reporting needs (quarterly, semi-annual, annual). This component will support a participatory, coordinated and efficient data collection, analysis, use and provision of information to track achievement of APHIA II NEP/TBD and MOH's district level Annual Operation Plan II objectives, and inform decisions at the local, district and provincial levels, using standardized M&E/HMIS tools approved by the MOH. Component 2: Strengthen community and facility based reporting systems being rolled out by NACC and NASCOP. The component will support APHIA II NEP/TBD and MOH to measure progress towards its contribution to the overall country's Emergency plan, National Health Sector Strategic Plan II and Kenya National HIV/AIDS Strategic Plan goals and results frameworks. Specific activities will include building capacity of 15 local organisations and facilities to collect, report, analyse, and use both routine facility and non-facility data for planning and program improvement. Component 3: Take lead role in coordinating M&E activities in the province to meet the information needs of USAID/Kenya, the Emergency Plan, MOH, NACC and other stakeholders, in line with the "three ones" principle. APHIA II NEP/TBD will organize district-level consensus building forums on M&E issues, distribute standardized data collection and reporting tools, conduct regular data quality assurance processes at all data generation points, train 35 facility and community based data point staff on the new data collection/reporting tools and data use for improving program performance, and hold provincial level quarterly and annual stakeholders' information dissemination meetings. APHIA II NEP/TBD will be held accountable for tangible results, especially in increased use of harmonized data collection and reporting tools at health facilities developed by MOH, increased data use in planning and at dissemination workshops to various stakeholders, increased supportive-supervisory visits and routine data quality assessments at all data collection points by M&E/HMIS officers, and improved coordination of M&E activities in North Eastern province. These efforts should result into demonstrated evidence in increased national level reporting by up to 60% from health facilities to NASCOP national database.

3.CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activity builds on the FY 2006 activities that support the national M&E systems as well as contributing to the Emergency Plan's training outputs. In overall, the activity will provide technical assistance to fifteen local organizations/health facilities in strategic information in addition to supporting the training of 35 SI and program managers in M&E/HMIS, reporting and data use for program management.

4.LINKS TO OTHER ACTIVITIES

This activity is related to the strategic information activity to be carried out by University of North Carolina/MEASURE Evaluation (#7098), where MEASURE Evaluation will be supporting NACC in rolling out COBPAR system for community level reporting. It is also related to the strategic information to be carried out by NASCOP (#7002), where NASCOP will be rolling out Form 726, Form 727 and program specific client registers for data collection and reporting at health facilities. It is also related to SI TE/TBD (#9220), that will attempt to investigate the causes for low reporting rate by health facilities and recommend strategies for achieving 100% reporting level by health facilities.

5.POPULATIONS BEING TARGETED

This activity targets host government and other health care workers like M&E and HMIS officers responsible for data collection, analysis, reporting and use at both health facilities and community level. Program managers are as well targeted for orientation on the role M&E program management.

6. EMPHASIS AREAS

The major emphasis area is Health Management Information Systems (HMIS) and minor areas include Monitoring, evaluation, or reporting (or program level data collection) and Other SI Activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8864

Related Activity: 14988, 15035

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20193	8864.20193. 09	U.S. Agency for International Development	Pathfinder International	8984	4919.09	APHIA II - North Eastern	\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15035	4067.08	7019	147.08	APHIA II Evaluation	University of North Carolina	\$0

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	15	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	35	False

Indirect Targets

Coverage Areas

North Eastern

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 1474.08

Prime Partner: Abt Associates

Funding Source: GHCS (State)

Budget Code: HVSI

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Strategic Information

Program Area Code: 13

Activity System ID: 14712

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES.

This activity is related to Macro International's Strategic Information activity (#6988), which will conduct two other surveys (AIS and DHS). It also links to the Strategic Information activity carried out by NASCOP (#7002).

2. ACTIVITY DESCRIPTION

(1) This activity will assist in funding the Department of Policy and Planning in the Ministry of Health to conduct the 2007 National Health Accounts (NHA) Survey and in particular the HIV/AIDS sub-analysis. Part of the FY 2007 funds will be used to complete analyzing and reporting of the work started using COP 2006 funds. Funding will also be used to undertake the third round of NHA as indicated by the Hon Minister for Health during the launch of the 2nd round of the NHA in March 2005. The primary focus of the third round will be the assessment of the impact of large inflow of funds (from GFATM, PEPFAR and GOK) on the households seeking HIV care. It will also include three distinct sub-analyses focusing on HIV/AIDS, Reproductive Health and Child Health. This will assist in estimating resources towards the support of key programs necessary to attain the Millennium Development Goals (MDGs). Currently, there exists capacity in MoH to undertake the NHA. However for quality control, it is important to seek Technical Assistance from PHR+. The bulk of this cost will thus go towards local survey costs incurred by MoH with PHR+ providing minimal but critical TA especially in the areas of survey design and analysis. In the process of carrying out the activity, 40 (MoH and CBS) staff will be trained in sampling techniques, data collection and analysis, with 2 local organizations being provided with technical assistance in strategic information. (\$200,000). (2) Electronic Medical Records (EMR): HIV/AIDS is a life-long chronic illness requiring numerous visits to health facilities for continued monitoring and these visits generate lots of data at the health facility for each patient and can easily overwhelm the current paper system. PHR+ have already started implementing an ART Health Management Information System (HMIS) in Eastern and Nairobi provinces as an early effort towards establishing a functional EMR in MoH ART facilities. FY 2007 funds will be used for further development of the system, training of health care workers and installation of the system at facilities in two more provinces. The model will have been implemented in four provinces and NASCOP will then be in a position to complete the national scale up with support from other partners. This system, which is based on NASCOP's patient cards and registers, will, in addition to providing health care workers with critical information they need for patient care, provide data for the ART component of the integrated M&E tool (MoH form 726). The EMR will not only make it easier to evaluate the program e.g. evaluating treatment regimens for the program and providing data on their effectiveness and thus allowing NASCOP to determine when certain treatment regimens are not working and need to be changed; but, will also improve the flow, quality and timeliness of information collected at the service delivery points and send upwards to NASCOP/PEPFAR databases.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activity will contribute to improved national monitoring and evaluation systems by providing critical data for health care financing indicators needed for HIV/AIDS program planning and funding. It will also contribute to the strengthening of Health Management Information Systems at the Ministry of Health.

4. LINKS TO OTHER ACTIVITIES

This activity is related to the Strategic Information activity to be carried out by MACRO (#6988) where two other surveys (AIS and DHS) will be carried out. It also links to NASCOP's Strategic InformationI activity (#7002).

5. POPULATIONS BEING TARGETED

The activity targets the general population for sampling, and SI and program managers for training in survey design/implementation, data analyses and presentation. It also targets healthcare workers in public (MoH) facilities.

6. EMPHASIS AREAS

The major emphasis area is population survey and minor emphasis includes monitoring and evaluation systems. NASCOP is currently evaluating all the EMRs in Kenya through a consultancy funded by WHO. This will provide information to complement work already started using PEPFAR funds to develop training materials for healthworkers on ART Health Management Information System (ART HMIS). These additional funds (\$200,000) will be used to engage stakeholders to agree on the standard tools as well as initiate the development and rollout of an agreed upon electronic system through NASCOP. The system will also be rolled out in sub-district hospitals with high volume of HIV/AIDS patients. An appropriate international or local partner will be identified to support NASCOP carry out this activity.

The private sector already plays a significant role in delivering and financing health care in Africa. On average, it delivers 50 percent of the industry's goods and services, with 60 percent of financing for those goods and services coming from private sources. The private sector can be the only option for delivering health care services in remote rural regions and poor urban slums. Often perceived as serving only the rich and elite in Africa, private sector providers (including for-profit and not-for-profit) in fact serve all income levels and have broad geographic reach.

The activity will support to an in-depth country assessments for the business environment for private health care, and identify areas for USAID program development. The assessment will identify areas of government reform in private health care regulation and strategies to expand formal public-private partnerships. The assessment will obtain information from local businesspeople, financial intermediaries, policymakers, donors, other countries through south-to-south visits and other stakeholders in the international community.

New/Continuing Activity: Continuing Activity

Continuing Activity: 6824

Related Activity: 14988, 15035

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20330	4278.20330. 09	U.S. Agency for International Development	Abt Associates	9034	1474.09		\$600,000
6824	4278.07	U.S. Agency for International Development	Abt Associates	4195	1474.07		\$800,000
4278	4278.06	U.S. Agency for International Development	Abt Associates	3277	1474.06		\$550,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15035	4067.08	7019	147.08	APHIA II Evaluation	University of North Carolina	\$0

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	2	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	40	False

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	1501.08	Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention	USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP	Program Area:	Strategic Information
Budget Code:	HVSI	Program Area Code:	13
Activity ID:	4304.08	Planned Funds:	\$663,100
Activity System ID:	15057		
Activity Narrative:	THIS IS AN ONGOING ACTIVITY. THE NARI FUNDS ARE SPLIT BETWEEN GAP AND GH		BUT THIS YEAR'S CDC M&S
	1. LIST OF RELATED ACTIVITIES This activity relates to all activities in SI.		
	2. ACTIVITY DESCRIPTION CDC professional staff dedicated to strategic i behavioral scientists, senior data managers, a		

alist and additional support staff. The senior data manager, who serves as the SI in-country liaison, works with the Ministry of Health, National AIDS/STI Control Programme (NASCOP), National AIDS Control Council (NACC), Kenya Medical Research Institute (KEMRI), NGO partners and other USG agencies to coordinate SI activities, lead Emergency Plan reporting, and guide dissemination of strategic information. He is also responsible for the CDC and KEMRI data management team, assists in design of Health Management Information Systems, develops model systems for reporting for the Emergency Plan, and guides training in SI. The behavioral scientist also assists these organizations in the design, training of personnel, and conduct of surveys and targeted evaluations and serves as a training coordinator with expertise in adult learning and curriculum design. The epidemiologist works with NASCOP to conduct surveillance, support HMIS for program data, and build the capacity of the Ministry of Health to analyze and utilize surveillance, survey and other strategic information. An M&E officer will work closely with program managers and funded partners to help set targets in line with PEPFAR's country level targets, prepare workplans, make field visits to assess implementation progress and evaluate the rate of activity scale up. Three drivers and one administrative assistant support this team in fieldwork and links to other program areas. Included in this budget is support for printing forms and reports for dissemination of strategic information. issemination of strategic information.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7110

Related Activity: 14884, 15035, 16826, 14939

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19953	4304.19953. 09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8926	1501.09		\$977,431
7110	4304.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4303	1501.07		\$690,000
4304	4304.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3292	1501.06		\$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15035	4067.08	7019	147.08	APHIA II Evaluation	University of North Carolina	\$0
14884	4092.08	6964	210.08		Kenya Medical Research Institute	\$2,310,000
14939	4221.08	6981	3465.08		National AIDS & STD Control Program	\$2,000,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Indirect Targets

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7533.08 Prime Partner: University of Nairobi Funding Source: GHCS (State) Budget Code: HVSI

Activity ID: 16842.08

Activity System ID: 16842

Mechanism: HIV Fellowships USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Strategic Information Program Area Code: 13 Planned Funds: \$500,000

Activity Narrative: 1. ACTIVITY DESCRIPTION (KENYA HIV FELLOWSHIP PROGRAM)

In Kenya, there is an acute shortage of high-level personnel to manage HIV/AIDS programs and develop evidence-based policy. In addition, among the small existing pool of HIV/AIDS program managers, there is a need for long-term and short-term training in several areas of HIV program implementation, informatics, monitoring and evaluation. These gaps limit the effectiveness of Kenyan governmental and nongovernmental HIV programs, including those of NASCOP and other Ministries involved in HIV/AIDS activities. We propose to implement an HIV Fellowship Program focused on training high-level HIV program managers. Jointly with the Fellowship program under OHPS, the program will provide long-term training for 12 Fellows who will be placed and working within host institutions, as well as short-term training for 200 Kenyan public health professionals, informaticians and journalists and 120 host institution staff. For the two -year fellowship program, fellows will be selected through a competitive process and will generally have masters degrees or be physicians or nurses prior to beginning the fellowship program. HIV-focused programs would apply to serve as a host institution for a Fellow, and would include such government institutions such as Provincial and District Medical Offices, the National AIDS and STD Control Program (NASCOP), the National AIDS Control Council, the Ministry of Education and Kenyan non-governmental HIV prevention, care, and treatment organizations. Fellows would be supervised by an academic advisor as well as a mentor at the host institution where they would be working for two years. The Fellowship would include periodic didactic courses, but also a long-term HIV/AIDS-related project at their host institution for which the Fellow would have to submit a formal grant application. While all fellows will complete a core curriculum on HIV/AIDS Program management and epidemiology, the Kenyan HIV/AIDS Fellows will specialize in one of three main tracks: program management, health economics, and informatics/monitoring and evaluation. These tracks address current gaps in human capacity within the professional public health cadre in Kenya. The program would also include short courses on different aspects of HIV/AIDS program management and epidemiology for 200 district and provincial-level health officials, policy makers, program managers and journalists. As a part of their fellowship curriculum, fellows will also train staff at their host institutions, totaling 120 persons per year. This program will be modeled after similar PEPFAR-supported programs in Uganda, Zimbabwe and soon in Botswana. These programs have been highly successful in creating a qualified pool of HIV/AIDS program managers and have helped to build long-term human capacity that can support and sustain PEPFAR investments in country. This program will be implemented by a Kenyan academic institution that will be selected through a competitive process (TBD) in collaboration with CDC and GOK.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This program will contribute to three of the key goals of our OHPS and SI strategy. First, it will contribute to strengthening health human resource capacity and will reinforce sustainability of HIV/AIDS programs. Through this program, over 330 Kenyan professionals will be trained, including 200 Kenyan public health professionals, informaticians and journalists and 120 host institution staff who will receive short-term training and 24 Fellows who will be placed and working within host institutions during their two-year fellowship (12 will graduate every year). This training will help expand the very limited pool of HIV/AIDS program managers currently available in Kenya and reduce reliance on expatriate staffing. Secondly, the program will help to improve the leadership, management and capacity-building skills of local indigenous organizations and their networks to enhance the sustainability of HIV/AIDS programs. All host institutions will be Kenyan governmental and non-governmental organizations and a key component of the program will be training of host institution staff. In addition, fellows will learn how to write a successful grant application. Experience with similar programs in other PEPFAR countries demonstrates that the majority of fellows often are able to use their grant writing skills to assist their host institutions to raise funds to sustain their salaries after they complete their two year fellowship placement. In addition, Fellows are highly marketable after completing the training and stay in country; for example, in Uganda, of the first 17 graduates, 15 continued to work in HIV/AIDS activities in Uganda, 1 worked in HIV/AIDS for the USG in Guyana, and 1 worked with HIV/AIDS in Tanzania. The program will be implemented by a Kenyan Institution in partnership with CDC. Finally, the fellowship program will help to improve systems for HIV/AIDS policy development, planning and budgeting and will help to bolster and institutionalize GOK policy and financing support for HIV/AIDS programs. By expanding indigenous expertise in the areas of health economics, monitoring and evaluation, and evidence-based approaches to health, GOK policy planning for HIV/AIDS programs can be based on cost-effective interventions.

3. LINKS TO OTHER ACTIVITIES

This activity will leverage existing resources already in place in the Field Epidemiology and Laboratory Training Program (FELTP) program, which is currently funded by CDC-Atlanta and USAID, to expand this capacity building program to include different tracks in an HIV Fellowship Program: HIV public health management and science; health economics; and HIV monitoring and evaluation. In addition, linkages will be made to similar PEPFAR-funded programs in Uganda, Zimbabwe and Botswana to share materials and programmatic lessons. Detailed planning for this activity will be done in conjunction with other on-going and new PEPFAR-funded activities including the ongoing University of Nairobi/University of North Carolina/MEASURE Evaluation Project (###) curriculum development and training on M&E, as well as the USAID Management Sciences for Health (####) activity on leadership development.

4. POPULATIONS BEING TARGETED

[Maximum 1000 characters] This activity will provide training for adult men and women. Through their fellowship projects and host institutions, this activity should impact and improve service delivery to many of PEPFAR's target populations.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED Emphasis areas for this national activity include human capacity development, training, in-service training, retention strategies, local organization capacity building and strategic information strengthening.

6.TARGETS Number of organizations provided with SI related TA - 114 Number of individuals trained in SI - 120

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16911	16911.08	7533	7533.08	HIV Fellowships	University of Nairobi	\$700,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	74	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	120	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Budget Code: HVSI

Activity ID: 8859.08

USG Agency: U.S. Agency for International Development Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$400,000

Activity System ID: 14786

Activity Narrative: THIS IS AN ONGOING ACTIVITY AND THE NARRATIVE IS UNCHANGED EXCEPT FOR CHANGES IN TARGETS AND FUNDING LEVEL.

> +expansion to 2 new districts and one municipality, support to provincial medical records office and the new districts to computerize HMIS at the district level, support to about 20 ART sites with more than 250 clients to computerize their systems to improve data management, drugs management and patient follow-up, overall provincial reporting target and plan to conduct mid term evaluation. This activity also includes the development of data quality improvement plan, training data point persons on DQA tools and implementation of regular data quality audits at sampled health facilities and community level programs.

1.LIST OF RELATED ACTIVITIES

This activity is related to the strategic information activities to be carried out by University of North Carolina/MEASURE Evaluation (#7098), NASCOP (#7002) and TE/TBD (#9220).

2.ACTIVITY DESCRIPTION

USAID'S APHIA II NYANZA project implemented by ENGENDERHEALTH began its service delivery activities in Nyanza province in FY 2006. In FY 2007 this activity will strengthen the provincial and district level Health Management Information Systems (HMIS) currently in use in Nyanza province MOH health facilities, and Community Based Program Activity Reporting (COBPAR) currently being rolled out at Constituency AIDS Control Committees (CACCS) levels by NACC through 3 key components. Component 1: Support APHIA II NYANZA/ENGENDERHEALTH and MOH program data collection processes for performance reporting needs (quarterly, semi-annual, annual). This component will support a participatory, coordinated and efficient data collection, analysis, use and provision of information to track achievement of APHIA II NYANZA/ENGENDERHEALTH and MOH's district level Annual Operation Plan II objectives, and inform decisions at the local, district and provincial levels, using standardized M&E/HMIS tools approved by the MOH. Component 2: Strengthen community and facility based reporting systems being rolled out by NACC and NASCOP. The component will support APHIA II NYANZA/ENGENDERHEALTH and MOH to measure progress towards its contribution to the overall country's Emergency plan, National Health Sector Strategic Plan II and Kenya National HIV/AIDS Strategic Plan goals and results frameworks. Specific activities will include building capacity of 186 local organisations and facilities to collect, report, analyse, and use both routine facility and non-facility data for planning and program improvement. Component 3: Take lead role in coordinating M&E activities in the province to meet the information needs of USAID/Kenya, the Emergency Plan, MOH, NACC and other stakeholders, in line with the "three ones" principle. APHIA II NYANZA/ENGENDERHEALTH Nyanza will organize district-level consensus building forums on M&E issues, distribute standardized data collection and reporting tools, conduct regular data quality assurance processes at all data generation points, train 200 facility based and community based data point staff on the new data collection/reporting tools and data use for improving program performance, and hold provincial level guarterly and annual stakeholders' information dissemination meetings. APHIA II Nyanza/ENGENDERHEALTH will be held accountable for tangible results, especially in increased use of harmonized data collection and reporting tools at health facilities developed by MOH, increased data use in planning and at dissemination workshops to various stakeholders, increased supportive-supervisory visits and routine data guality assessments at all data collection points by M&E/HMIS officers, and improved coordination of M&E activities in Nyanza province. These efforts should result into demonstrated evidence in increased national level reporting by up to 80% from health facilities to NASCOP national database.

3.CONTRIBUTIONS TO OVERALL PROGRAM AREA.

The activity builds on the FY 2006 activities that support the national M&E systems as well as contributing to the Emergency Plan's training outputs. In overall, the activity will provide technical assistance to forty local organizations/health facilities in strategic information in addition to supporting the training of 110 SI and program managers in M&E/HMIS, reporting and data use for program management

4.LINKS TO OTHER ACTIVITIES

This activity is related to the strategic information activity to be carried out by University of North Carolina/MEASURE Evaluation (#7098), where MEASURE Evaluation will be supporting NACC in rolling out COBPAR system for community level reporting. It is also related to the strategic information to be carried out by NASCOP (#7002), where NASCOP will be rolling out Form 726, Form 727 and program specific client registers for data collection and reporting at health facilities. It is also related to SI TE/TBD (#9220) that will attempt to investigate the causes for low reporting rate by health facilities and recommend strategies for achieving 100% reporting level by health facilities.

5. POPULATIONS BEING TARGETED.

This activity targets host government and other health care workers like M&E and HMIS officers responsible for data collection, analysis, reporting and use at both health facilities and community level. Program managers are as well targeted for orientation on the role M&E program management.

6.EMPHASIS AREAS

The major emphasis area is Health Management Information Systems (HMIS) and minor areas include Monitoring, evaluation, or reporting (or program level data collection) and Other SI Activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8859

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20441	8859.20441. 09	U.S. Agency for International Development	Engender Health	9063	4915.09	APHIA II - Nyanza	\$600,000
8859	8859.07	U.S. Agency for International Development	Engender Health	4915	4915.07	APHIA II - Nyanza	\$145,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15035	4067.08	7019	147.08	APHIA II Evaluation	University of North Carolina	\$0

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Male circumcision

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	186	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	200	False

Coverage Areas

Table 3.3.13: Activities by Funding Mechansim

Nyanza

Mechanism ID: 4915.08 Mechanism: APHIA II - Nyanza Prime Partner: Engender Health USG Agency: U.S. Agency for International Development Funding Source: GHCS (State) Program Area: Strategic Information Budget Code: HVSI Program Area Code: 13 Planned Funds: \$100,000 Activity ID: 12496.08 Activity System ID: 14787 Activity Narrative: THIS IS AN ONGOING ACTIVITY. The narrative is unchanged except for updated references to targets and budgets. APHIA II Nyanza/EngenderHealth will help to strengthen the District Health Management Information System by building the capacity of service providers and health records information officers to prepare and submit timely and accurate reports. This will include training of 65 MOH officers in Nyanza Province to improve the utilization of registers and other reporting tools both in clinical services and prevention services. As an increasing number of clients receive male circumcision services in health facilities and counseling and testing for the prevention of HIV/AIDS, the project will support the districts to collate this information accurately in order to track the progress of the male circumcision initiatives. The project will work with the he project will conduct regular data quality assurance processes at all data generation points, and provide technical mentoring as required. APHIA II Nyanza/EngenderHealth will be held accountable for tangible results, especially in increased use of harmonized data collection and reporting tools at health facilities developed by MOH, increased data use in planning and at dissemination workshops to various stakeholders, increased supportive-supervisory visits and routine data quality assessments at all data collection points by M&E/HMIS officers, and improved coordination of M&E activities in Nvanza province. In total the project will support 15 health facilities in improving the data collection and reporting processes. These efforts should result into demonstrated evidence in increased national level reporting by up to 60% from health facilities to NASCOP national database. **HQ** Technical Area: New/Continuing Activity: Continuing Activity Continuing Activity: 12496

Related Activity: 14884, 14988, 15035

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20443	12496.2044 3.09	U.S. Agency for International Development	Engender Health	9063	4915.09	APHIA II - Nyanza	\$100,000
12496	12496.07	U.S. Agency for International Development	Engender Health	4915	4915.07	APHIA II - Nyanza	\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15035	4067.08	7019	147.08	APHIA II Evaluation	University of North Carolina	\$0
14884	4092.08	6964	210.08		Kenya Medical Research Institute	\$2,310,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	15	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	65	False

Coverage Areas

Nyanza

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 4916.08	Mechanism: APHIA II - Rift Valley
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 8895.08	Planned Funds: \$400,000
Activity System ID: 14805	

Activity Narrative: THIS IS AN ONGOING ACTIVITY.

The only change to the program since approval in 2007 COP includes

+plans to conduct group workshops centred on data use, one on one feedback sessions during supportive supervision rounds focussing on data use to improve program and patient management, plans to improve quality of data through increased frequency of data quality audit rounds will be increased and data management capacity improved through workshops, on-job-trainings and through support supervision, planned rapid assessment, mapping and zoning for the new districts as well as conducting Behavioural Monitoring Survey for the new districts of north Rift valley. Computer needs assessment will be conducted and subsequently, 12 computers will be procured and distributed for data management in selected sites. This activity also includes the development of data quality improvement plan, training data point persons on DQA tools and implementation of regular data quality audits at sampled health facilities and community level programs. Targets and funding level have also changed.

1.LIST OF RELATED ACTIVITIES

This activity is related to the strategic information activities to be carried out by University of North Carolina/MEASURE Evaluation (#7098), NASCOP (#7002), and TE/TBD (#9220)

2.ACTIVITY DESCRIPTION

This activity will strengthen the provincial and district level Health Management Information Systems (HMIS) currently in use by MOH at health facilities and Community Based Program Activity Reporting (COBPAR) currently being rolled out at Constituency AIDS Control Committees (CACC) levels by NACC through three key components. Component 1: Support APHIA II Rift Valley/FHI and MOH program data collection processes for performance reporting needs (quarterly, semi-annual, annual). This component will support a participatory, coordinated and efficient data collection, analysis, use and provision of information to track achievement of APHIA II Rift Valley/FHI and MOH's district level Annual Operation Plan II objectives, and inform decisions at the local, district and provincial levels, using standardized M&E/HMIS tools approved by the MOH. Component 2: Strengthen community and facility based reporting systems being rolled out by NACC and NASCOP. The component will support APHIA II Rift Valley/FHI and MOH to measure progress towards its contribution to the overall country's Emergency plan, National Health Sector Strategic Plan II and Kenya National HIV/AIDS Strategic Plan goals and results frameworks. Specific activities will include building capacity of 40 local organisations and facilities to collect, report, analyse, and use both routine facility and non-facility data for planning and program improvement. Component 3: Take lead role in coordinating M&E activities in the province to meet the information needs of USAID/Kenya, the Emergency Plan, MOH, NACC and other stakeholders, in line with the "three ones" principle. APHIA II Rift Valley/FHI will organize district-level consensus building forums on M&E issues, distribute standardized data collection and reporting tools, conduct regular data guality assurance processes at all data generation points, train 200 facility and community based data point staff on the new data collection/reporting tools and data use for improving program performance, and hold provincial level quarterly and annual stakeholders' information dissemination meetings. APHIA II Rift Valley/FHI will be held accountable for tangible results, especially in increased use of harmonized data collection and reporting tools at health facilities developed by MOH, increased data use in planning and at dissemination workshops to various stakeholders, increased supportive-supervisory visits and routine data quality assessments at all data collection points by M&E/HMIS officers, and improved coordination of M&E activities in Rift Valley province. These efforts should result into demonstrated evidence in increased national level reporting by up to 60% from health facilities to NASCOP national database.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activity builds on the FY 2006 activities that support the national M&E systems as well as contributing to the Emergency Plan's training outputs. In overall, the activity will provide technical assistance to twenty five local organizations/health facilities in strategic information in addition to supporting the training of 75 SI and program managers in M&E/HMIS, reporting and data use for program management.

4. LINKS TO OTHER ACTIVITIES

This activity is related to the strategic information activity to be carried out by MEASURE Evaluation (#7098), where MEASURE Evaluation will be supporting NACC in rolling out COBPAR system for community level reporting. It is also related to the strategic information to be carried out by NASCOP (#7002), where NASCOP will be rolling out Form 726, Form 727 and program specific client registers for data collection and reporting at health facilities. It is also related to SI TE/TBD (#9220), that will attempt to investigate the causes for low reporting rate by health facilities and recommend strategies for achieving 100% reporting level by health facilities.

5. POPULATIONS BEING TARGETED

This activity targets host government workers and other health care workers like M&E and HMIS officers for data collection, analysis, reporting and use at both health facilities and community level. Program managers are as well targeted for orientation on the role M&E program management.

6. EMPHASIS AREAS

The major emphasis area is Health Management Information Systems (HMIS) and minor areas include Monitoring, evaluation, or reporting (or program level data collection) and Other SI Activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8895

Related Activity: 14988, 15035

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20462	8895.20462. 09	U.S. Agency for International Development	Family Health International	9066	4916.09	APHIA II - Rift Valley	\$850,000
8895	8895.07	U.S. Agency for International Development	Family Health International	4916	4916.07	APHIA II - Rift Valley	\$90,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15035	4067.08	7019	147.08	APHIA II Evaluation	University of North Carolina	\$0

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	40	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	200	False

Indirect Targets

Coverage Areas

Rift Valley

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 4913.08 Prime Partner: Family Health International

Funding Source: GHCS (State) Budget Code: HVSI Activity ID: 9711.08 Activity System ID: 14814 Mechanism: APHIA II - Coast USG Agency: U.S. Agency for International Development Program Area: Strategic Information Program Area Code: 13 Planned Funds: \$300,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY AND THE NARRATIVE IS UNCHANGED EXCEPT FOR CHANGES IN TARGETS AND FUNDING LEVEL.

+The planned documentation of best practices in each program area and dissemination to stakeholders in the region to improve program efficiency and effectiveness, and planned Behavioral Monitoring Surveys (BMS) and dissemination of findings to stakeholders for improved HIV/AIDS programming. This activity also includes the development of data quality improvement plan, training data point persons on DQA tools and implementation of regular data quality audits at sampled health facilities and community level programs.

1. LIST OF RELATED ACTIVITIES

This activity is related to other activities in Strategic Information (#7098, #7002 and #9220).

2. ACTIVITY DESCRIPTION

This activity will strengthen the provincial and district level Health Management Information Systems (HMIS) currently in use by MOH at health facilities and Community Based Program Activity Reporting (COBPAR) currently being rolled out at Constituency AIDS Control Committee (CACC) levels by the National AIDS Control Council (NACC) through three key components. Component 1: Support APHIA II Coast/FHI and MOH program data collection processes for performance reporting needs (quarterly, semiannual, annual). This component will support participatory, coordinated and efficient data collection, analysis, use and provision of information to track achievement of APHIA II Coast/FHI and MOH's district level Annual Operation Plan II objectives. This process will also inform decisions at the local, district and provincial levels, using standardized M&E/HMIS tools approved by the MOH. Component 2: Strengthen community and facility based reporting systems being rolled out by NACC and NASCOP. The component will support APHIA II Coast/FHI and MOH to measure progress towards its overall contribution to the country's Emergency Plan, National Health Sector Strategic Plan II and Kenya's National HIV/AIDS Strategic Plan goals and results frameworks. Specific activities will include building capacity of 40 local organisations and facilities to collect, report, analyse, and use both routine facility and non-facility data for planning and program improvement. Component 3: Take the lead role in coordinating M&E activities in the province to meet the information needs of the Emergency Plan, MOH, NACC and other stakeholders, in line with the "three ones" principle. APHIA II Coast/FHI will organize district-level consensus building forums on M&E issues, distribute standardized data collection and reporting tools, conduct regular data guality assurance processes at all data generation points, train 140 facility and community based data point staff on the new data collection/reporting tools and data use for improving program performance, and hold provincial level guarterly and annual stakeholders' information dissemination meetings. APHIA II Coast/FHI will be held accountable for tangible results, especially in increased use of harmonized data collection and reporting tools at health facilities developed by MOH, increased data use in planning and at dissemination workshops to various stakeholders, increased supportive-supervisory visits and routine data quality assessments at all data collection points by M&E/HMIS officers, and improved coordination of M&E activities in Coast province. These efforts should result into demonstrated evidence in increased national level reporting by up to 60% from health facilities to NASCOP national database.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activity builds on the FY 2006 activities that support the national M&E systems as well as contributing to the Emergency Plan's training outputs. In overall, the activity will provide technical assistance to twenty five local organizations/health facilities in strategic information in addition to supporting the training of 75 SI and program managers in M&E/HMIS, reporting and data use for program management.

4. LINKS TO OTHER ACTIVITIES

This activity is related to the strategic information activity to be carried out by MEASURE Evaluation (#7098), where MEASURE Evaluation will be supporting NACC in rolling out COBPAR system for community level reporting. It is also related to the strategic information to be carried out by NASCOP (#7002), where NASCOP will rolling out Form 726, Form 727 and program specific client registers for data collection and reporting at health facilities. It is also related to SI TE/TBD (#9220), that will attempt to investigate the causes for low reporting rate by health facilities and recommend strategies for achieving 100% reporting level by health facilities.

5. POPULATIONS BEING TARGETED

This activity targets host government workers and other health care workers like M&E and HMIS officers for data collection, analysis, reporting and use at both health facilities and community level. Program managers are as well targeted for orientation on the role M&E program management.

6. EMPHASIS AREAS

The major emphasis area is Health Management Information Systems (HMIS) and minor areas include Monitoring, evaluation, or reporting (or program level data collection) and Other SI Activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9711

Related Activity: 14988, 15035

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20476	9711.20476. 09	U.S. Agency for International Development	Family Health International	9067	4913.09	APHIA II - Coast	\$500,000
9711	9711.07	U.S. Agency for International Development	Family Health International	4913	4913.07	APHIA II - Coast	\$90,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15035	4067.08	7019	147.08	APHIA II Evaluation	University of North Carolina	\$0

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	40	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	140	False

Indirect Targets

Coast

Table 3.3.13: Activities by Funding Mechansim Mechanism ID: 4076.08 Mechanism: N/A Prime Partner: US Centers for Disease USG Agency: HHS/Centers for Disease **Control and Prevention** Control & Prevention Funding Source: GHCS (State) Program Area: Strategic Information Budget Code: HVSI Program Area Code: 13 Activity ID: 18044.08 Planned Funds: \$131,387 Activity System ID: 18044 Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED, BUT THIS YEAR'S CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHAI. 1 LIST OF RELATED ACTIVITIES This activity relates to all activities in SI. 2. ACTIVITY DESCRIPTION CDC professional staff dedicated to strategic information includes a team of medical epidemiologists, behavioral scientists, senior data managers, and statisticians, a Monitoring and Evaluation (M&E) specialist and additional support staff. The senior data manager, who serves as the SI in-country liaison, works with the Ministry of Health, National AIDS/STI Control Programme (NASCOP), National AIDS Control Council (NACC), Kenya Medical Research Institute (KEMRI), NGO partners and other USG agencies to coordinate SI activities, lead Emergency Plan reporting, and guide dissemination of strategic information. He is also responsible for the CDC and KEMRI data management team, assists in design of Health Management Information Systems, develops model systems for reporting for the Emergency Plan, and guides training in SI. The behavioral scientist also assists these organizations in the design, training of personnel, and conduct of surveys and targeted evaluations and serves as a training coordinator with expertise in adult learning and curriculum design. The epidemiologist works with NASCOP to conduct surveillance, support HMIS for program data, and build the capacity of the Ministry of Health to analyze and utilize surveillance, survey and other strategic information. An M&E officer will work closely with program managers and funded partners to help set targets in line with PEPFAR's country level targets, prepare workplans, make field visits to assess implementation progress and evaluate the rate of activity scale up. Three drivers and one administrative assistant support this team in fieldwork and links to other program areas. Included in this budget is support for printing forms and reports for dissemination of strategic information. issemination of strategic information. HQ Technical Area: New/Continuing Activity: New Activity **Continuing Activity:**

Related Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 448.08

Prime Partner: Population Council

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 18828.08

Activity System ID: 18828

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Strategic Information Program Area Code: 13

Planned Funds: \$300,000

Activity Narrative: 1.ACTIVITY DESCRIPTION

In the 2007 COP, Kenya undertook the implementation of a national, population-based household survey. This survey, which is in the field from July-October 2007 will provide uniquely valuable information for prevention program planning and policy development within Kenya. The Kenya AIDS Indicator Survey (KAIS) will capture information on a great swath of the population, however sub-groups of great importance to the HIV epidemic will be missed by the KAIS because they do not reside in homes that can be mapped and enumerated for the sampling scheme. Or their behaviors of interest are stigmatized and go unreported during household interviews. The groups of greatest interest include men who have sex with men (MSM), injection drug users (IDU), female sex workers (FSW) and truckers, who are often clients of FSW. Epidemiologically, a temporally similar survey of these high risk groups will provide a better profile of the HIV epidemic in Kenya and shed a brighter light on the transmission dynamics. Of equal importance is the assessment of the many prevention programs funded in Kenya targeting some of these groups. In 2007, the USG funded the ROADS project, Hope World Wide, and KANCO's RAY project to provide prevention services for long distance truckers. Behavioral and biological surveillance of truckers will provide key indicators specific to this group and allow the estimation of coverage by these projects. In a worrisome development, Kenya and other East African states have become transshipment points for heroin and cocaine. Seizures of illegal drugs have increased in each of the past 3 years. UNODC reported a >10% increase in seizures in east Africa from 2000-2004. Few efforts to quantitatively measure the impact that injection drug use may have on the Kenyan HIV epidemic have been reported. Current available information comes from a rapid assessment and analysis and a mapping exercise along the coast. A single survey of 120 IDU in Mombasa is reported and 1.7% were HIV infected. In Nairobi survey of 101 injectors, 52.5% were infected. More recent assessments indicate a rise in injection among heroin users which could lead to increased transmission. A recent survey in Zanzibar, which is culturally similar, revealed an HIV prevalence of 26% among IDU. We propose to survey IDU in 3 towns along the coast and into the interior to assess the magnitude of the IDU problem and the potential transmission dynamics and contribution to the epidemic and whether Kenya needs to increase focus on both prevention of injection drug use and HIV among IDUs. Prevention services for FSW programmed in COP '07 included one program targeting women who serve truckers (HWW) and another offering mobile VCT at night called Mobile and Moonlight VCT. Male sex workers who have sex with men were recently surveyed in Mombasa by Population Council. The findings indicated an exceedingly low level of knowledge about how to prevent HIV transmission including the broad use of Vaseline as a lubricant with condoms. Little is known about the men who have sex with men (MSM) population in Kenya.

For FY '08, the USG Kenya team proposes a set of behavioral and biological surveys of most at-risk populations in about 3 towns with a focus on the coast, Nairobi and the Rift Valley provinces. The surveys will be carried out by an NGO partner in collaboration the MOH. A standardized protocol will be developed in collaboration with the funded partners and the USG/CDC team. Formative research will be conducted in several locations to determine the best survey sites, to assure community buy-in and pilot some questions. The surveys will use respondent driven sampling (RDS) to gather a probability-based sample, to enhance the validity of findings. RDS is increasingly being used to sample hard to reach populations in sub-Saharan Africa with recent success in Kampala (MSM), Uganda, Zanzibar (MSM, IDU, FSW), Tanzania, and Lusaka, Zambia (MSM). The survey instrument will provide estimates for the target populations' risk and prevention behaviors, knowledge, attitudes and access to HIV prevention services and/or treatment. Additionally, the role the subpopulations play in the epidemic will be examined. At a minimum, respondents will be asked to provide a blood specimen for HIV testing and they will receive pre- and post-test counseling with appropriate referrals and their test results. Sample sizes will be calculated to provide sufficient power to detect a change of 15% in preventive behaviors between this baseline survey and a future round in 2-3 years. A capture-recapture component will be built in to the protocol to permit estimates of the size of the respective at-risk populations surveyed. Analyses will be reported to the surveyed communities as well as the MOH and used to better target prevention services to important at-risk groups.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity will provide additional information to previous studies that have been carried out among MSM and IDU along the Swahili coast and female sex workers in numerous parts of the country. A better understanding of these populations will help determine if additional resources need to be focused on these potentially high frequency "transmitters" of HIV. It is possible that, as a proportion of new infections, these groups are underrepresented in prevention allocations.

3. LINKS TO OTHER ACTIVITIES:

The surveys will include HVCT (###) HIV counseling and testing for populations with reduced likelihood of testing. This offers the opportunity to assess counseling modalities for hard to reach groups that require difference messages from the general population such as injection drug users and men who have sex with men. Linkage to prevention, care and treatment services will be provided. Additional prevention messages can be delivered within the context of the survey from peer to peer, taking advantage of the contact with populations that usually shy away from public health.

4. POPULATIONS BEING TARGETED:

The activity targets most at risk populations, mainly MSMs, FSW and IDU in five towns in Kenya.

5. EMPHASIS AREAS:

The major emphasis is strategic information (Survey/Surveillance), while the minor emphases include counseling and testing and HIV prevention for MARPs.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	3	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	25	False

Target Populations

Special p	opulations
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Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Coverage Areas

Coast

Nairobi

Rift Valley

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 9253.08

Prime Partner: Pathfinder International

Mechanism: APHIA II - Nairobi

USG Agency: U.S. Agency for International Development Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 21272.08

Program Area: Strategic Information Program Area Code: 13 Planned Funds: \$275,000

Activity System ID: 21272

Activity Narrative: Updated August 2008 reprogramming. Activity narrative under separate file (per OGAC guidance).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3575.08	Mechanism: Contraceptive Research Technology and Utilization
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 17886.08	Planned Funds: \$150,000
Activity System ID: 17886	

Project Title: Multiple Enrolment and flow of patient information for ART services

Name of Local Co- Investigator: Gideon Emukule, FHI-Nairobi

Project Description:

This project will be undertaken in Comprehensive Care Centers (CCCs) within the APHIA II program. Introduction of CCCs has contributed significantly to increasing access to quality ARVs services in Kenya. High cost, demand and limited supplies are likely to lead to pilferage of ARVs in these centers. Current client registration does not address the potential for registering non-existent clients, double registration within a CCC or registration of same clients at multiple CCCs. High mobility of clients requires that records be maintained using systems that can be accessed by physicians across the centers to ensure quality and continuity of treatment.

Evaluation Question:

The PHE question to be addressed is whether use of standardized electronic and web based client record system would be feasible and acceptable to the different programs, clients and would addresses the challenges of double registration, and facilitate sharing and easy processing of client information across the different CCCs. There is no experience in Kenya with this approach but use of electronic data capture and processing is a rapidly growing industry. With improving technology and access to the internet in Kenya, it is feasible for all CCCS in the country to be linked via internet while ensuring client confidentiality.

Programmatic importance:

SI: The need for continuing recording, tracking and follow-up of patients on ART is critical to successful ART programs. A coordinated and supportive approach that seeks to assist ART service providers and patients will ensure that crucial information that gives evidence of services delivered, patient progression, effectiveness of therapy and areas that need to improve is made available at every service delivery point. Good quality and timely data, efficient information systems leading to reduced duplication and staff overload, good health information infrastructure will significantly enhance the program.

Timeline and Funding: Please describe expected timeframe of study from protocol development to completion (1,2, or 3 years, please explain if >2 years)

Expected timeframe: 2 years Preparatory Phase:Project Months: 1 - 3 Baseline Data Collection:Project Months: 4 - 5 Intervention Phase:Project Months: 6 - 17 End-line Data Collection:Project Months: 18 – 19 Data Analysis & Report Writing:Project Months: 20 – 22 DisseminationProject Months: 23 – 24

Total project budget: \$300,000

Year 1 (FY 2008) budget request: \$150,000

Methods:

Evaluation objectives:

1. To determine the quality of patient records among ART patients within the 3 CCCs.

2. To determine whether simple, affordable mechanisms using technological advances can be used to ensure records are made available at every service delivery point and still maintain confidentiality, continuity and networking for client tracking.

3. To determine the costs of implementing these interventions.

Evaluation design:

A time series study design will be used for this PHE. This will involve collection of baseline data on the types and quality of client records kept at the clinics, the extent of the problems of double registration and reporting within each CCC and across CCCs. The baseline would also examine the acceptability and potential challenges of using a web based client record for clients, service providers and program managers. The four major components of the evaluation will be:

 Review of existing client record forms and registers to determine quality and possible duplications.
 Interviews with a sample of providers and program managers to determine their data needs and challenges in accessing such data using the current strategies. They will also be interviewed about their knowledge and attitudes toward the use of electron and web based data capture and sharing mechanisms
 Design an intervention package that will effectively address key challenges identified in component 2. The package will include web based client record system with a central mechanism for collating, analyzing and sharing this information with key stakeholders.

4. Evaluate the impact of intervention package on quality of client record, quality of care received by clients across CCCs, timelines and use of data obtained using the web based approach and determine the cost of implementing such an approach.

Population of Interest:

Service providers and patients attending ART at the CCCs based in Nairobi, Nakuru and Mombasa.

Information Dissemination Plan:

Experiences and successes documented during the strategic evaluation will be valuable to the CCC program managers, supervisors and providers at the 3 sites reached as well as other CCC sites in additional provinces. Results from this evaluation will be disseminated during a national stakeholders meeting. Targeted meetings with Provincial Management Teams in Nairobi, Coast and Rift Valley provinces and the other CCCs operated by the FBO hospital of St. Mary's' Mumias and the NGO Mkomani Clinic Society at Bomu Medical Centre will also be held. The managers and service providers at the existing CCCs will also be targeted as users of the information generated from this evaluation.

Activity Narrative:

Budget justification for year 1 budget (USD):

Salaries/ fringe be	enefits: \$85,300
Equipment:	\$ -
Supplies:	\$23,700
Travel:	\$32,000
Participant Incent	ives: \$ -
Other:	\$9,000
Total:	\$150,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16826, 14988, 14939

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14939	4221.08	6981	3465.08	National AIDS & STD Control Program		\$2,000,000

Emphasis Areas

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

General population			
Children (under 5)			
Boys			
Children (under 5)			
Girls			
Children (5-9)			
Boys			
Children (5-9)			
Girls			
Ages 10-14			
Boys			
Ages 10-14			
Girls			
Ages 15-24			
Men			
Ages 15-24			
Women			
Adults (25 and over)			
Men			
Adults (25 and over)			
Women			

Coverage Areas
Coast
Nairobi
Rift Valley

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 210.08 Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State) Budget Code: HVSI Activity ID: 17887.08 Activity System ID: 17887 Mechanism: N/A USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$600,000

Activity Narrative: PHE CONTINUING STUDY:

Project Title: Population level Incidence Impacts of Interventions and Comparison with HIV incidence and prevalence data with other data sources in the comprehensive package study in the demographic surveillance study area

Name of Local Co- Investigators: Kenya Medical Research Institute and CDC-Kenya staff

Project Description:

This project evaluates differences between HIV incidence, prevalence and behavioral risks from the comprehensive package study and other data sources, including routine sentinel surveillance and the Kenya AIDS Indicator Survey 2007. This will allow for better calibration of surveillance estimates based on sentinel surveillance sites and will assist the Government of Kenya to develop an effective surveillance system. The evaluation will be part of a matched cluster-randomized trial with a two by two factorial design within the comprehensive package study in the demographic surveillance site in Western Kenya.

Timeline:

FY 2008 = Year 2 of activity Year started: '07, largely with Plus Up funding; so major activities beginning late in '07. Expected year of completion: 2010

Funding:

Funds received to date: \$800,000 total for '07 expected with Plus Up Funds expended to date: \$20,000 for protocol development work

Funds requested to complete the study: FY 08: \$600,000 Beyond FY08: \$400,000 for FY'09

Describe funds leveraged/contributed from other sources:

This PHE is nested in the larger Comprehensive Package Study which is also supported by other PEPFAR-Kenya program areas. In addition, the CPS leverages the DSS which is jointly supported by several CDC Divisions through KEMRI. Through this platform, we are able to use rigorous methods to address our SI questions and obtain population-level impact data at very low cost. In addition, 85,000 people will benefit from comprehensive HIV prevention, care and treatment services as part of this study.

Status of Study:

A protocol has been drafted and is being reviewed by MOH, KEMRI, CDC and other collaborators. Staffing plans and SOPs are currently being drafted. As soon as '07 Plus-Up Funding becomes available and IRB approval is finalized, baseline study implementation as well as service delivery, including home-based VCT for the whole study population, will begin.

Lessons Learned: N/A at this time.

Information Dissemination Plan:

Results will be disseminated through the Monitoring and Evaluation Committee of the MCGIV at the national level as well as through regional meetings for policy development. In addition, we will share results with PEPFAR implementing partners as well as the PEPFAR USG Kenya team.

Planned FY08 Activities:

During FY08, service delivery and evaluation will continue until the entire study population of Gem has been covered. This will allow to answer the PHE questions. Results will be disseminated and used to inform national policy and scale-up plans as well as PEPFAR '09 planning.

Budget Justification for FY2008 Budget (USD):

 Salaries/ fringe benefits:
 \$185,000

 Equipment:
 \$105,000

 Supplies:
 \$95,000

 Travel:
 \$75,000

 Participant Incentives:
 \$

 Laboratory Testing:
 \$140,000

 Other:
 \$

 Total:
 \$600,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population
Children (under 5)
Boys
Children (under 5)
Girls
Ages 15-24
Men
Ages 15-24
Women
Adults (25 and over)
Men
Adults (25 and over)
Women
Other
Pregnant women
Discordant Couples
People Living with HIV / AIDS

Coverage Areas

Nyanza

Table 3.3.13: Activities by Funding Mechansim

Prime Partner: University of California at San Francisco Funding Source: GHCS (State)

Budget Code: HVSI

Mechanism ID: 288.08

Activity ID: 17690.08

Activity System ID: 17690

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Strategic Information Program Area Code: 13 Planned Funds: \$0

Mechanism: N/A

Activity Narrative:	+Activities initiated in '07 will continue in '08, but this will be transitioned to UCSF since the UTAP mechanism is no longer available in '08.
	+Technical assistance in cost-effectiveness analyses will be an expanded component of this activity in '08, together with the translation of evaluation findings into relevant policy.
	+In addition to technical support for the comprehensive trial, this activity will involve capacity building in data analysis, writing, and policy translation support. This activity will support current PEPFAR partners to analyze and use existing program data to improve program quality and inform policy development. Through a series of trainings and workshops, this activity will help to develop Kenyan professional capacity for epidemiological analysis and translation into policy.
	+In '08 this activity will also involve the translation of study instruments, particularly Standard Operating Procedures (SOPs) into programmatic tools that implementing partners can use.
	1. ACTIVITY DESCRIPTION (TECHNICAL ASSISTANCE FOR EVALUATION) This activity will continue work initiated in '07 under the UCSF/UTAP mechanism to provide technical assistance for several plus-up activities. To support development and implementation of the Comprehensive Package Study, UCSF is supporting KEMRI, NASCOP and CDC-Kenya to develop a study protocol, study instruments, and procedure manual for this important Public Health Evaluation. This evaluation, which is a collaboration of KEMRI, NASCOP, and the USG PEPFAR team will assess the population-level impact on HIV incidence of a prevention package that includes VCT and Male Circumcision. The evaluation will also assess the population-level impact on mortality and morbidity of widespread provision of care and treatment within the CDC/KEMRI Demographic Surveillance System. In addition, UCSF staff are providing technical assistance for training and supervision of study staff and overall supervision of the project. A key component of the technical assistance will be the training of Kenyan counterparts in all components of epidemiological evaluation. This human capacity development is a key component of this project.
	2. CONTRIBUTIONS TO OVERALL PROGRAM AREA [This program will provide important information needed to assess the effectiveness of the prevention interventions on HIV incidence in the DSS area. The epidemiological data will inform the design of prevention packages and referral mechanism to care and treatment.
	3. LINKS TO OTHER ACTIVITIES This activity will link to SI support to NASCOP and KEMRI as well as to Public Health Evaluation activities.
	4. POPULATIONS BEING TARGETED This activity will provide training for adult men and women.
	5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED Emphasis areas for this national activity include human capacity development, training, in-service training, retention strategies, local organization capacity building and strategic information strengthening.
	6.TARGETS Number of organizations offered TA- 3 Number of individuals trained on surveillance, HMIS and/or M&E - 20
HQ Technical Area:	
New/Continuing Activity:	New Activity
Continuing Activity:	
Related Activity:	14884, 14939

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14884	4092.08	6964	210.08		Kenya Medical Research Institute	\$2,310,000
14939	4221.08	6981	3465.08		National AIDS & STD Control Program	\$2,000,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	0	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	False

Target Populations

General population			
Children (under 5)			
Boys			
Children (under 5)			
Girls			
Children (5-9)			
Boys			
Children (5-9)			
Girls			
Ages 10-14			
Boys			
Ages 10-14			
Girls			
Ages 15-24			
Men			
Ages 15-24			
Women			
Adults (25 and over)			
Men			
Adults (25 and over)			
Women			
Coverage Areas			
Soffiage Aleas			

Coverage Areas

Nyanza

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 692.08

Prime Partner: Impact Research and Development Organization

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 12497.08

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$100,000

Activity System ID: 14825

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES:

This activity is related to the prevention (####) activities.

2. ACTIVITY DESCRIPTION:

This activity will be implemented through a MC Consortium comprising of Impact Research Development Organization as prime partner, with the following sub-partners: UNIM (Universities of Nairobi, Illinois and Manitoba), Tuungane Project, Nyanza Reproductive Health Society (NRHS), and Partners in Reproductive Health (PIRH). Both Tuungane, administered by IRDO and PIRH, administered by NRHS, will be involved in community education and mobilization. UNIM will be a training Center, IRDO will administer the funds from PEPFAR/CDC and sub-contract NRHS (a registered Kenvan NGO) to oversee performance of UNIM and PIRH. For this specific activity, UNIM will work closely with NASCOP, the National MC Task Force and other key stakeholders to develop appropriate routine monitoring tools for MC programmatic efforts in Kenya. As a core component of UNIM's MC service delivery, all clinicians (public and private) trained by UNIM will record key monitoring data on NASCOP-approved data collection forms that will be adapted from UNIM's clinical trial protocol. Key data elements will include: adverse events, surgical outcomes, client satisfaction, age of client, consent of client or guardian, and outcomes at post-surgical visits. During year one, closer monitoring of programmatic outcomes will be important. A random sample of approximately 10% of clients, stratified by age group and rural versus urban/periurban residence will be selected for follow-up 30-40 days post-surgery by 2 trained nurses to observe the surgical outcomes and to administer a questionnaire to assess level of satisfaction, history of adverse events, history of clinical visits, and sexual history since surgery. Data will be entered at selected health facilities and transmitted to the UNIM Training Centre. Data will be aggregated and provided to the District Medical Office, the Provincial Medical Office, NASCOP and the National Male Circumcision Task Force.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will provide vital data needed to monitor the progress and outcome of this key prevention intervention. The data generated will inform further scale up and provide outcome indicators needed to evaluate the intervention.

4. LINKS TO OTHER ACTIVITIES

The activity is closely linked to prevention (###) initiatives

5. POPULATIONS BEING TARGETED

The targeted population is the health workers who will be trained on recording the relevant data on the MC Task Force approved form. However, the long term beneficiary of this intervention will be the eligible male.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12497

Related Activity: 14822, 14823

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20495	12497.2049 5.09	HHS/Centers for Disease Control & Prevention	Impact Research and Development Organization	9072	692.09		\$100,000
12497	12497.07	HHS/Centers for Disease Control & Prevention	Impact Research and Development Organization	4229	692.07		\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14822	4246.08	6952	692.08		Impact Research and Development Organization	\$1,632,500
14823	6583.08	6952	692.08		Impact Research and Development Organization	\$3,072,500

Emphasis Areas

Male circumcision

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	10	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	False

Coverage Areas

Nyanza

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14

Total Planned Funding for Program Area: \$13,636,317

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

OHPS Program Narrative COP 2008

Key Result 1: Strengthened Government of Kenya (GOK) systems for policy, planning and budgeting.

Key Result 2: Enhanced skills of leaders and managers of indigenous organizations.

Key Result 3: Increased effectiveness of health workers.

Key Result 4: Strengthened logistics management.

CURRENT PROGRAM CONTEXT

The GOK has initiated a series of key reforms over the past few years, many of which have placed the health sector in the forefront. The national HIV program has been both a driving force behind and beneficiary of this reform movement. Experience to date with implementation of the Emergency Plan (EP) place us in a strong position to further the development of other policies and improvements in health delivery systems that, in turn, should enhance the effectiveness and efficiency of HIV services in Kenya. 2008 activities are intended to leverage the opportunities made possible by the aforementioned reforms and lessons learnt to reinforce the sustainability of HIV programs in Kenya.

SUSTAINABILITY

In 2008 the EP will support the development of policies and systems to enable the GOK and its non-state partners to assume increasing responsibilities for HIV program development, management, and implementation. The EP will support processes for policy development, planning, and budgeting for the GOK to assume policy and financing support to HIV programs. It will support the strengthening of leadership and management in public sector and indigenous organizations and their networks to enhance sustainability. The EP will fund development of policies and incentives for enhancing health worker capabilities and effectiveness; improving the sustainability of HIV programs; and strengthening HIV commodities management capacities of public and indigenous organizations.

POLICY

The EP will continue support to development and implementation of sector-wide and HIV-specific policies and guidelines. Challenges to sustaining recent reforms and effective implementation are expected to grow in number, complexity, and will demand the participation of broader stakeholders. We will respond to these challenges with technical assistance, training, and support to the GOK for establishing a policy management and tracking system and a policy database, and for building capacity in the analysis of critical operational barriers to policy implementation. Processes and tools to manage policy development and their implementation will enable GOK to manage the policy process better and enhance sustainability. In 2008, the EP will also strengthen policy advocacy and implementation by NGOs, including a strategic and organized approach to the reduction of stigma and discrimination and gender issues. Technical assistance will also be provided to networks of people living with HIV to train their members in networking and advocacy, as well as in the reduction of stigma, discrimination, and gender-based violence.

SYSTEM STRENGTHENING

In the area of planning and budgeting, past technical assistance has focused on national-level activities supporting the Kenya National AIDS Control Council (NACC) and Ministry of Planning and National Development (MPND). In 2008, the EP will strengthen planning, costing, budgeting, and financial management capacities at the provincial and district levels, including HIV program funding in the Medium-Term Expenditure Framework. Specifically, support will be provided to the consolidation of guidelines, a training strategy, and curriculum development and training-of-trainers. Finally, while continuing the support for donor coordination, HIV program reviews, GFATM proposal development and grants management, an assessment of these past efforts will be conducted to reassess strategies and GOK management processes toward addressing persistent concerns regarding their sustainability. Finally, south-to-south exchanges will be supported to share best practices in these areas. As without capable and competent human resources even well-developed systems will likely under-perform, EP funds in 2008 will aid development of supportive policies, training, and management systems to improve the overall performance of health workers. As staff shortages are often exacerbated by poor incentives, motivational factors, and inadequate financial resources of government, performance improvement strategies and guidelines will be developed, including streamlining and improvement of in- and pre-service training. The review and rationalization of the scopes of practice of personnel with the aim of enhancing task-shifting will be supported in line with the new MOH Community Health Strategy and other recent policy guidance to address health care worker shortages. While promoting better utilization of existing human capacity, we will encourage innovative approaches to building new human resources for health, with an emphasis on training at various levels and reengaging retired health care workers. Activities for retaining staff hired under the EHP and identifying innovative retention strategies will also be supported. The leadership and management training started in 2007 will be continued through support to the Executive Leadership Initiative (ELI), a publicprivate partnership with The Bill and Melinda Gates Foundation. The management for results leadership training, which was conducted by the MOH for provincial health managers in 2007, will be scaled-up in 2008 to provide management and leadership training for strengthening health networks. The mapping of health facilities, services, and manpower initiated in 2007 will be expanded to advance the use of data for workforce planning and management. The data collected will be used in the design of the national Human Resource Information System (HRIS), which will continue to be supported along with other key HRIS subsystems. Finally, due to positive feedback, scale-up of the Work Climate Initiative will be expanded to additional provinces, including the testing of innovative non-financial incentives for health workers. The EP will continue to provide grants to nongovernment, community- and faith-based organizations for management and delivery of HIV activities. As some indigenous organizations may possess sub-optimal capacity, activities will be pursued to build their leadership and management capacities, including around systematized decision-making, mobilization of increased resources, and improved financial management. Mapping of service points of local indigenous organizations will be conducted. An information system will be designed to aid networking, linkages with public sector, and program scale-up. Also, an assessment of current management processes will be conducted to identify new or revised management strengthening strategies. Further, technical assistance will be provided to support development of guidelines that will enhance financial management and accountability. The EP will sustain support for purchase of increased quantities of commodities such as HIV test kits, ARV and OI drugs, laboratory equipment and test reagents. While there have been efficiency gains realized with global procurement, the 2008 COP will focus on strengthening logistics management capacities of Kenya Medical Supplies Agency (KEMSA) and Mission for Essential Drugs and Supplies (MEDS), the local procuring agencies, even as the global partnership with the Supply Chain Management System (SCMS) will continue. The EP will support wrap-around activities with the Millennium Challenge Account to improve health commodities procurement and delivery. Technical assistance, training, and other related support will be provided for implementing systems improvement in warehousing and distribution of HIV commodities. Additionally, support will be provided in the implementation of a logistics management information system. Further, we will support the development and implementation of quality assurance initiatives for key commodities such as ARVs and test reagents. Other initiatives to improve the efficiencies of HIV commodities procurement, delivery, and their use will be supported. Specifically, we will support the implementation of tracking surveys to measure progress in HIV commodities distribution and use at the facility-level and of a pull-system for distribution of commodities at provincial and district levels. At the MOH, capacities will be established to monitor the efficiency of KEMSA's procurement function. Similar capacities will be established in mission hospitals to monitor the efficiency of MEDS procurement functions. In 2008, we will also pursue closer involvement of civil society and communities in the delivery of public services - as this have been shown to increase effectiveness – including supporting greater participation of these groups in key oversight activities, such as commodities procurement and monitoring of district, health facility and village committees. Finally, south-to-south exchanges to share best-practices will be supported.

Finally, we will further strengthen service delivery systems for male circumcision, including providing support to implementation of policy guidance and procurement of basic circumcision-related consumables supply packages.

WORK OF HOST GOVERNMENT AND OTHER IMPLEMENTING PARTNERS

The Kenyan MOH has launched new policies to reinforce and sustain reforms on policy, strategic planning, public health commodities security, performance monitoring, human resource strengthening, resource mobilization, and coordination, as articulated in its current Annual Operational Plan (AOP3). These focus areas are consistent with the PEPFAR Five-Year Strategy in Kenya. Moreover, sector-wide planning was initialized in AOP3 that will include, for the first time, plans of non-state health service providers – signaling a serious attempt to achieve greater synchronization of activities and coordination of resources.

Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1200
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	727
14.3 Number of individuals trained in HIV-related policy development	2330
14.4 Number of individuals trained in HIV-related institutional capacity building	2833
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	2641
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	4170

Custom Targets:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	692.08	Mechanism:	N/A
Prime Partner:	Impact Research and Development Organization	USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS	Program Area Code:	14
Activity ID:	12506.08	Planned Funds:	\$670,000
Activity System ID:	14826		

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS EXPANDED INCLUDING UPDATED REFERENCES TO TARGETS AND BUDGETS

1. ACTIVITY DESCRIPTION:

This activity will be implemented through a MC Consortium comprising of Impact Research Development Organization as prime partner, with the following sub-partners: UNIM (Universities of Nairobi, Illinois and Manitoba), Tuungane Project, Nyanza Reproductive Health Society (NRHS), and Partners in Reproductive Health (PIRH).

In collaboration with the MOH, the Nyanza Circumcision Consortium, through IRDO, will work on targeted roll-out of MC services in Nyanza. Systems strengthening and service delivery capacity-building for 250 personnel will be rolled out in district hospitals and some private facilities where providers have been trained and where other USG PEPFAR partners, including KEMRI, are currently working. In addition to training, systems strengthening support will be provided for assuring quality and efficient access to non-consumable commodities (i.e. autoclaves, instrument packs, surgical lamps, etc...) personnel and other infrastructure that will be necessary for MC service delivery. Service roll-out will initially target areas with high existing demand for MC services and will be integrated into discordant couples services for discordant male partners of women in care and treatment programs, both of which will have a strengthened system of service delivery. This systems strengthening function will assure a close collaborative relationship between both Tuungane, administered by IRDO, and PIRH, administered by NRHS, who will be involved in community education and mobilization and will train 500 people in community mobilization. UNIM will be a training Center, IRDO will administer the funds from PEPFAR/CDC and sub-contract NRHS (a registered Kenyan NGO) to oversee performance of UNIM and PIRH. This activity will therefore establish and monitor quality service delivery and adherence to national guidelines. This activity will also support systems strengthening at the facility level and through training of a professional cadre of Kenyans.

2. CONTRIBUTIONS TO OVERALL PROGRAM

The IRDO Systems Strengthening activity will guide and strengthen the capacity of all program personnel and service systems in providing high quality medical male circumcision services through an efficient system. It will identify key staff requiring training and establish effective health service delivery systems. The program will help program personnel in identifying efficient ways of service delivery thus optimizing resource utilization and maximizing outputs. Through this work IRDO will establish a package of service delivery which will be used for quality control in all service delivery sites in Nyanza and other locations.

3. LINKS TO OTHER ACTIVITIES

This activity links to prevention activities implemented by the Tuungane Project targeting youth and most-atrisk groups in the Kisumu slums and Suba district, including STI treatment. Other linkages include facilitybased and mobile VCT and Provider-initiated counseling and testing services provided by Tuungane and which may include door-to-door counseling and testing in the five major Kisumu slums. There will also be a linkage with the UCSF/FACES care and treatment program that serves HIV-infected youth in their ART program.

4. POPULATIONS BEING TARGETED

For the MC systems strengthening component, personnel including health care workers and lay counselors serving in service delivery sites will be targeted. Staff of other affiliate agencies in the consortium providing community education and other services will be targeted. MOH personnel at National, Provincial and district levels will be involved in the development of service delivery systems, training, implementation and quality assurance processes.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

IRDO's Policy and systems strengthening will focus mainly on developing and strengthening systems to support the Medical Male Circumcision program. Behavioral interventions will include addressing male norms and behaviors, particularly relating to behavior disinhibition following circumcision. Training will be conducted for health service providers, particularly in-service training. The activity will also entail building the capacity of local organizations collecting such as PIRH and NRHS. To some extent, staff of the Ministry of Health (MoH) and other partners will be trained systems and quality assurance.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12506

Related Activity: 14822, 14823, 14824, 14825

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12506	12506.07	HHS/Centers for Disease Control & Prevention	Impact Research and Development Organization	4229	692.07		\$670,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14822	4246.08	6952	692.08		Impact Research and Development Organization	\$1,632,500
14823	6583.08	6952	692.08		Impact Research and Development Organization	\$3,072,500
14824	8751.08	6952	692.08		Impact Research and Development Organization	\$500,000
14825	12497.08	6952	692.08		Impact Research and Development Organization	\$100,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Male circumcision

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strenthening	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	10	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	10	False
14.3 Number of individuals trained in HIV-related policy development	250	False
14.4 Number of individuals trained in HIV-related institutional capacity building	250	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	250	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	500	False

Target Populations

General population

Ages 10-14

Boys

Ages 15-24

Men

Adults (25 and over)

Men

Special populations

Most at risk populations

Street youth

Other

Discordant Couples

Coverage Areas

Nyanza

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 2328.08 Prime Partner: IntraHealth International, Inc

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 8693.08

Activity System ID: 14856

Mechanism:	Capacity Project
USG Agency:	U.S. Agency for International Development
Program Area:	Other/Policy Analysis and System Strengthening
Program Area Code:	14
Planned Funds:	\$1,665,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

Transitioning the EHP health workers into the GOK payroll.

 Promoting Task Shifting by rationalizing scopes of practice for existing health workers and also mobilizing auxiliary cadres and delegating to them a controlled set of tasks.

• Developing and implementing innovative, low cost and locally relevant retention interventions at selected sites, especially in hard-to-reach areas that are generally considered unattractive by health workers.

• Pursuing innovative approaches to increasing human resources for health, with a particular emphasis on training youth, including as paramedical professionals, and utilizing retired health care workers.

• Sharing learning methods and models with pre-service institutions and reputable local training providers so that relevant leadership and management programs can be efficiently adapted and applied.

 Providing management and technical support to the APHIA 2 NEP program in implementing innovative staffing approaches to ensure the uptake of critical HIV and FP/RH services-especially at community levels.

Training District Management Teams in national planning and budgeting

1. LIST OF RELATED ACTIVITIES

This activity relates to all facility-based service delivery projects. It also relates to Global Fund support under the Futures Group/HPI project [HPI] in this same program area.

2. ACTIVITY DESCRIPTION

The Capacity Project will continue to implement long-term human resource planning with the Ministry of Health. The Emergency Hiring Plan (EHP) can only generate sustainable results if its lessons and promising practices are taken up, applied and combined with existing effective measures to address all the components of the Human Resources in Health (HRH) Framework. It will be important to ensure appropriate skills amongst health workers to meet the health needs of the Kenyan population, which means expansion of educational opportunities and curriculum reforms. Kenva is also faced with a unique absorptive capacity challenge: although it does not produce enough health providers to plug gaps in coverage, it is also unable to find work for all its graduates, creating a "phantom surplus" of qualified, unemployed health workers. Moreover, in most training schools, the curriculum is misaligned with the country's health problems (for example, HIV/AIDS is not adequately covered), and pedagogic methods are outdated, excluding practical problem-solving skills. Training and production of health workers is based not on working competencies but on certification or traditional roles that are often controlled by and aligned to the goals of professional bodies. This activity will strengthen three key aspects of long-term human resources development in Kenya through: 1) support to the Ministry of Health's division to standardize their HIV/AIDS curricula, 2) assistance to the Office of Continuing Professional Development (OCPD) to develop the National Health Training Plan (NHTP), and 3) support for the development of a computerized database of national health worker information and training participation, towards a goal of developing an accreditation program of curricula and continuing medical education credits. The Capacity Project will also provide focused technical assistance to the Global Fund as well as capacity building of the Country Coordinating Mechanism (CCM) Secretariat. While it is essential to mobilize additional health workers to avert the current workforce crisis and help combat priority diseases like HIV/AIDS, it is as important to help develop and sustain policies and strategies over the longer term. All of these activities will be done in close collaboration with the Ministry of Health (MOH). With donor support, the MOH recently completed a three year Human Resource Strategic Plan and implementation plan. The MOH will need to be supported to take this strategic initiative forward. In addition to the EHP, this year the project will work with health sector leaders and primary stakeholders to strengthen HRH within the national health system, assist the Ministry to develop core technical capacity in HRH planning and management and offer support by a) providing targeted technical assistance to assist the MOH with the implementation of the 3 year HR strategic plan, b) introducing an integrated human resource information system, c) streamlining and strengthening HR management processes and practices especially recruitment, deployment, transfers, supervision and performance management and linking HR and payroll data, d) enrolling selected HRH leaders and managers in a leadership development course, e) supporting the OCPD to develop the NHTP and training database, and f) expanding the Work Climate Improvement Initiative that seeks to improve job satisfaction and aid retention, to sites with new hires. Secondly, the Capacity Project continues to support seconded staff, and under this program area, will support the Advisor for HIV/AIDS Mainstreaming at the Ministry of Planning and National Development (MPND). This person provides pivotal technical assistance by supporting various arms of the government including the National AIDS Control Council (NACC) and the National AIDS and STD Control Program (NASCOP) to engage in the national budgeting process with the goal of increasing allocations for HIV and AIDS activities. The Advisor also provides technical assistance to MPND to accelerate the agenda of mainstreaming HIV/AIDS through the national Poverty Eradication Strategy (PRSP) in the public sector, and provides critical technical input into the collection and management of data systems at the Central Bureau of Statistics that captures and addresses the national level impact and mitigation strategies against the effects of HIV and AIDS. Lastly, the Capacity Project will allocate \$250,000 of its Systems Strengthening budget for support the Global Fund Country Coordinating Mechanism (CCM) in Kenya with the implementation of the Transition Team Action Plan and management of Global Fund grants. The GFATM has established transparent disbursement procedures, project implementation modalities, oversight responsibilities, and financial and program performance reporting responsibilities to ensure Principal Recipient (PR), CCM and sub-recipient accountability to the Government of Kenya and to the GFATM. There are basic conditions which a country must meet before funds are released for the approved projects. In Kenya, the Ministry of Finance is the PR and the performance of all the major grants that fall under its purview has been unsatisfactory. The Capacity Project will provide technical assistance to improve the management and implementation of these grants, including support to the CCM secretariat. This might include recruitment of secretariat staff and meeting the costs of establishing a web-based database of appropriate GF and CCM material such as approved meeting minutes, proposals and other documentation.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The Capacity Project will contribute policy-level guidance on the critical processes of health planning and management in support of national level goals and ensure sustainability of PEPFAR-supported hiring and training activities.

4. LINKS TO OTHER ACTIVITIES

Activity Narrative: This project links with hundreds of health service delivery sites across the country to meet PEPFAR targets in those areas.

5. POPULATIONS BEING TARGETED

This activity targets government policy makers to improve the planning and management of human resources, and implementation and development of HRH policies and systems at the national level, and also works with HR and OCPD staff to develop their capacities. The USG and its collaborating agencies are under continuous pressure to hire highly experienced professionals to guide PEPFAR-supported programs. As a result, we have hired away over a dozen of the MOH's most qualified personnel. Many of these staff have over 15 years experience in health management and their loss to the MOH has resulted in the weakening of capacity of the very system that PEPFAR is pledging to build. Making matters worse, at the same time that there are increasing shortages of senior health managers, there are deteriorating working conditions and growing demand to incorporate new and labor-intensive services, such as antiretroviral therapies for HIV/AIDS. We propose to help address these issues through the development of an intensive program of management strengthening and staff development within the MOH and, more specifically, NASCOP. This corresponds with a similar program being undertaken with the Kenya Medical Supplies Agency (KEMSA) under the Millennium Challenge Account Threshold Agreement.

6. TARGETS

Number of local organizations provided with technical assistance for HIV-related policy development- 3 (NASCOP, MPND, DRH) Number of local organizations provided with technical assistance for HIV-related institutional capacity building-118 (NASCOP, MPND, DRH, AMREF, 114 districts)

Number of individuals trained in HIV-related policy development (Not applicable)

Number of individuals trained in HIV-related institutional capacity building-114

Number of individuals trained in HIV-related stigma and discrimination reduction- 690

Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment-690

HQ Technical Area:

New/Continuing Activity: Continuing Activity

- Continuing Activity: 8693
 - **Related Activity:**

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20539	8693.20539. 09	U.S. Agency for International Development	IntraHealth International, Inc	9078	2328.09	Capacity Project	\$1,815,000
8693	8693.07	U.S. Agency for International Development	IntraHealth International, Inc	4237	2328.07	Capacity Project	\$2,550,000

Emphasis Areas

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training
- Task-shifting
- Retention strategy

Food Support

Target	Target Value	Not Applicable
Policy Analysis and systems strenthening	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	3	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	118	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	114	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	690	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	690	False

Indirect Targets

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 353.08

Prime Partner: Internews

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 4175.08

Activity System ID: 14852

Mechanism:TBDUSG Agency:U.S. Agency for International
DevelopmentProgram Area:Other/Policy Analysis and
System StrengtheningProgram Area Code:14Planned Funds:\$300,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

 Three round tables during which HIV/AIDS stories are played and discussed by both journalists and NGOs. Each round table will focus on a different medium – radio, print and television

• Developing and using Internews-trained radio journalists as co-trainers (Informal events)

Supporting a category at the annual UNESCO Red Ribbon Media Awards for Excellence in HIV/AIDS

Reporting in Eastern and Southern Africa to recognize exceptional reporting on HIV among journalists
6 (3 radio, 3 television) travel grants to report on HIV related stigma and discrimination issues, resulting in 6 radio and 6 television programs

TOT for two local print trainers, resulting in publication of 2 Emergency Plan success stories in local newspapers

• Expansion of office premises

- Holding two viewing sessions in Nyanza of television and radio programs that will be followed by discussion groups
- · Subcontracting four travel grants to a local HIV journalism organization that Internews started in FY07
- · Developing four local staff members through quality training to ensure local capacity building.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HTXS (#6915), HKID (#9076), MTCT (#6916), HVCT (#6917), and HMBL (#8705).

2. ACTIVITY DESCRIPTION

This activity will result in the expansion of television and print media with a specialty in HIV/AIDS journalism. The media can be a powerful force for raising awareness, building knowledge, and influencing public opinion. It has a critical role to play in helping to create an enabling environment for social change. The proposed activity will build on Internews' current efforts to train and equip the broadcast media to play this essential role. Until FY 2005, Internews organized and presented trainings on HIV/AIDS feature reporting specifically for radio professionals and some TV journalists. In FY 2006, Emergency Plan funds supported the expansion of support to include television and print media in the country, with the launch of the television support expected to take place in November 2006. Currently, Internews maintains a Media Resource Center, a radio studio and a TV studio - all available free of charge to journalists wishing to produce quality HIV/AIDS stories. On-site assistance is provided for such journalists - a sound technician and video editor assist with editing and compiling programs, a senior journalist helps with script writing, a camera man with filming, and a media researcher with finding appropriate interviewees and information. Internews workshops keep the local media engaged in effective HIV/AIDS reporting. As a strategy for strengthening this engagement, in FY 2007 Internews will continue to provide a forum for journalists to regularly interact with HIV/AIDS NGOs and vice versa. Emergency Plan funds will directly support the following key activities: i) organizing eight round tables during which HIV/AIDS stories produced by journalists are played and discussed by both groups; ii) selecting Internews-trained journalists as workshop co-trainers in order to build their capacity to lead this activity and to move towards an exit strategy; iii) supporting an annual award to recognize excellence in reporting on HIV among Internews trainees; iv) supporting 10 travel grants on HIV-related stigma and discrimination, 5 for radio and 5 for TV, resulting in 10 programs, and v) expanding Media Resource Center facilities by funding an archivist position to support the increased numbers of TV and radio journalists accessing and using MRC reference materials.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Internews Network's program addresses the important function of increased media awareness and accurate reporting of HIV/AIDS nationwide and contributes to Kenya's 5 Year strategic focus on greater transparency and understanding of HIV/AIDS among policy makers and the general population.

4. LINKS TO OTHER ACTIVITIES

This activity links to all other activities within the Policy Analysis and System Strengthening program area through its focus on accurately portraying issues surrounding HIV/AIDS in the media. It is also linked to Internews activities in HTXS (#6915), HKID (#9076), MTCT (#6916), HVCT (#6917), and HMBL (#8705).

5. POPULATIONS BEING TARGETED

The activity targets broadcast journalists, who in turn effectively reach policy makers and the general population.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue addressed is stigma and discrimination.

7. EMPHASIS AREAS

This activity has a major emphasis on local organization capacity building and a minor emphasis on training.

8. TARGETS

Number of local organizations provided with technical assistance for HIV-related policy development (Not applicable)

Number of local organizations provided with technical assistance for HIV-related institutional capacity building - 7

Number of individuals trained in HIV-related policy development (Not applicable)

Number of individuals trained in HIV-related institutional capacity building - 12

Number of individuals trained in HIV-related stigma and discrimination reduction - 6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment (Not applicable)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6918

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20533	4175.20533. 09	U.S. Agency for International Development	Internews	9077	353.09	Voices in Health	\$300,000
6918	4175.07	U.S. Agency for International Development	Internews	4236	353.07	Local Voices	\$190,000
4175	4175.06	U.S. Agency for International Development	Internews	3234	353.06	Local Voices	\$70,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strenthening	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	7	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	12	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	6	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	4919.08	Mechanism:	APHIA II - North Eastern
Prime Partner:	Pathfinder International	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)		Other/Policy Analysis and System Strengthening
Budget Code:	OHPS	Program Area Code:	14
Activity ID:	17316.08	Planned Funds:	\$100,000

Activity System ID: 17316

Activity Narrative: THIS IS A NEW ACTIVITY.

1. ACTIVITY DESCRIPTION

USAID APHIA II North Eastern Province (NEP) began activities in North Eastern in FY 2007. In FY 2008 APHIA II NEP will work to strengthen the dissemination of key Government of Kenya (GOK) policies and guidelines, developed at national level, to the district level. In FY 2008 this will include working with the Ministry of Education and other stakeholders to sensitize teachers about HIV/AIDS prevention and the AIDS policy for the education sector. In addition, APHIA II NEP will support provincial and district health systems strengthening by convening consultative meetings and various stakeholders' forums. The activity will target to reach at least all of the four districts in the province and train at least 40 individuals on HIV-related policy development.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to strengthening Government of Kenya systems on policy, planning and budgeting. This will be done by enhancing dissemination and understanding of key government policies and guidelines, which will be developed or reviewed nationally, out to the districts through provincial channels.

3. LINKS TO OTHER ACTIVITIES

This activity will link to other APHIA II NEP activities, particularly in AB and OP as well as USAID-OHPS-HPI-TBD-2008 that will be developing and reviewing key policies and guidelines nationally.

4. POPULATIONS BEING TARGETED

This activity will target teachers through activities guided by the Ministry of Education particularly as regards the dissemination of the AIDS policy for the education sector.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

The main emphasis area for this activity will be local organization capacity building via serving to enhance the management and coordination capacity of district and provincial health management teams in all of the districts in the province served by the implementer.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15012

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strenthening	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	4	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	4	False
14.3 Number of individuals trained in HIV-related policy development	40	False
14.4 Number of individuals trained in HIV-related institutional capacity building	40	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

Other

Teachers

Coverage Areas

North Eastern

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 9253.08

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 21273.08

Activity System ID: 21273

Mechanism: APHIA II - Nairobi

USG Agency: U.S. Agency for International Development Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$100,000

Activity Narrative: Updated August 2008 reprogramming. Activity narrative under separate file (per OGAC guidance).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 4061.08 Prime Partner: Regional Procurement Support Office/Frankfurt Funding Source: GHCS (State) Budget Code: OHPS Activity ID: 19431.08 Activity System ID: 19431 Activity Narrative:

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Mechanism: N/A USG Agency: Department of State / African Affairs Program Area: Other/Policy Analysis and System Strengthening Program Area Code: 14

Planned Funds: \$350,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3696.08

Prime Partner: Association of Schools of Public Health Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 8679.08

Activity System ID: 14733

Mechanism: Emory University USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Other/Policy Analysis and System Strengthening Program Area Code: 14 Planned Funds: \$511,317

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The updates to the project since approval in the 2007 COP include:

Geographical coverage expanding to include North Eastern province, offices in Eastern and Western
provinces with completed establishment of the nursing workforce informatics system of nurses in all
provinces by the end of FY 08

• Support the MOH and regulatory bodies in assuming fiscal and technical responsibility of maintaining the informatics systems.

• Expanded to include other healthcare cadres--physicians, laboratory technicians and clinical officers.

1. LIST OF RELATED ACTIVITIES

This activity relates directly to activities of the Capacity Project and Ministry of Health/NASCOP but supports PEPFAR partners providing Prevention of Mother To Child Transmission, Counseling and Testing, HIV/AIDS treatment/ARV services, Palliative Care TB/HIV, Strategic Information and Laboratory Services.

2. ACTIVITY DESCRIPTION

The overarching objective of this activity is to assist the Kenya Ministry of Health in developing technical capacity for human resource strategic planning and management in response to the increased need for HIV care and treatment. The activity focuses on building a data-driven HRH knowledge base that can provide reliable workforce analysis to facilitate human resource capacity building in response to the need. The expectation is that this system will provide a "best practice" model which can be shared and replicated in countries also struggling to implement HIV/AIDS interventions, especially in sub-Saharan Africa. This project, which began as a cooperative agreement between CDC's Office of Global Health and Emory University, has now entered the second phase of activities supported by PEPFAR funding. During phase 1 (FY 2002-2005), the project created a national electronic database of Kenya's professional nurses. By the conclusion of the project's original 3-year funding period, the database comprised of electronic records of over 44,000 nurses that can link relevant data between the Nursing Council of Kenya, and the Chief Nursing Officer, Ministry of Health. There will be development of regular reporting systems for Nursing Council of Kenya (NCK) and MOH administrators, including indicators, timing, and dissemination of reports. The expansion will begin computerization of data from laboratory technicians, working with the Kenya Medical Laboratory Technicians and Technologists Board (KMLTTB) which has the responsibility of registering laboratory technicians and technologists. In addition, there will be computerization of data from physicians through the Medical and Dental Practitioners Board. The project will track training of health care workers on HIV/AIDS programs to better target training activities and assess coverage and utilization of training.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

The first and second component of this activity will strengthen human resource information systems. The project has provided hardware and software materials. Capacity building will be continuous to cover most of the health workers directly involved will data management and policy makers.

4. LINKS TO OTHER ACTIVITIES

This activity is complementary to the Capacity Project's efforts to hire temporary staff for critical areas to expand HIV care and treatment programs. It will enhance the capacity of MoH/NASCOP to coordinate training and distribution of health care providers who provide PMTCT (NASCOP), counseling and testing (NASCOP), HIV/AIDS treatment/ARV (NASCOP) and Palliative care TB/HIV (NASCOP) services. This will be achieved through the provision of data on health workers who have received in-service and training in prevention, care and treatment.

5. POPULATIONS BEING TARGETED

This activity primarily targets public health care providers in all cadres.

6. EMPHASIS AREAS

Focuses on strengthening systems for human resource information system.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8679

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20357	8679.20357. 09	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	9045	3696.09	Emory University	\$735,000
8679	8679.07	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	4207	3696.07	Emory University	\$647,389

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strenthening	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	4	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	20	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	48	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 348.08

Prime Partner: Community Housing Foundation Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 4168.08

Activity System ID: 14769

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$950,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity is linked to activities in HTXS (#6945), MTCT (#6949), HVCT (#6941), HVTB (#7001), HVAB (#6876), HVOP (#6872) and HKID (#6874).

2. ACTIVITY DESCRIPTION

In FY 07, the Cooperative Housing Foundation (CHF) will support five sub-grantees: Kenya Pediatric Association (KPA), Kenya Association for Prevention of TB and Lung Disease (KAPTLD), Kenya Episcopal Conference/Kenya Catholic Secretariat (KEC/KCS), Christian Health Association of Kenya (CHAK) and the Organization of African Instituted Churches of Kenya (OAIC) in systems strengthening and policy issues. The Kenya Pediatric Association (KPA) is a body of pediatricians that works in policy development, training and mentorship of health providers. KPA is actively involved in the training of health workers on comprehensive pediatric HIV care and treatment, and is working on a mentorship program to scale up pediatric ARVs. With PEPFAR support, KPA will increase the capacity of 200 health facilities and 360 health care providers to provide pediatric HIV care and treatment. The association will play a key role in the dissemination of national guidelines and curricula to health workers. KPA will work closely with the National AIDS and STI Control Program (NASCOP) to develop 5-year National Pediatric HIV Strategic plan, guidelines for diagnostic testing and counseling (DTC) in children, and to train 360 health workers in pediatric DTC. Stigma is a major hindrance to the linkage to care and treatment of HIV infected adults and children. KPA will develop strategies for reducing stigma and discrimination among health workers and target 360 health providers for training on stigma reduction. CHF support will help to achieve the national target of initiating 10,000 infected children on ARVs by the end of FY 2007. The second sub-grantee, KAPTLD is an affiliate of the International Union against TB and Lung Disease (IUATLD) initiated by chest physicians in private practice in Kenya. The National Leprosy and TB Program (NLTP) and U.S. Government agencies recognize the private medical practice as a resource that is still underutilized for TB/HIV work. To promote both public-private partnership and good clinical practice, NLTP and KAPTLD have established a strong partnership with Emergency Plan support. In FY 2006, KAPTLD began TB/HIV activities in Nairobi, Mombasa, Nakuru, Eldoret, Kisumu and other towns across Kenya. In FY 2007, CHF will support KAPTLD administrative operations, supervision of private practitioners, establishment of a TB/HIV resource center and printing and distribution of TB/HIV reporting tools, guidelines and curricula. KAPTLD will train 300 health workers to deliver TB/HIV services. Private TB and HIV laboratories will be supported, through collaboration with CDC's Laboratory Program, the National Public Health Laboratory Services (NPHLS) and the NLTP to ensure that national standards are achieved and maintained. In collaboration with the NLTP, KAPTLD will strengthen reporting and patient tracking systems to ensure that standard TB and HIV care outcomes are accurately reported and integrated in the national data base. The third sub-grantee, the KEC-KCS is responsible for coordinating and facilitating programs of the Catholic Church. In FY 2007, the KEC-CS will develop a policy on how to effectively respond to the epidemic, maximize services, lobby government and advocate for the rights of the infected. KEC-CS will also develop a workplace policy for staff infected or affected by HIV/AIDS. The three local faith-based organizations, namely KEC/KCS, CHAK and OAIC will have their organizational capacities strengthened through the CHF umbrella funding mechanism. They will receive funding to strengthen their HIV/AIDS desks to promote continued provision of high-quality HIV/AIDS services and treatment by mission hospitals (KEC and CHAK) and a comprehensive church-sponsored HIV/AIDS community interventions including prevention, OVC support, home-based care programs and VCT (KEC, CHAK and OAIC). Funds will also be used to better equip KEC and CHAK to effectively carry foward policy dialogue with the Government of Kenya (particularly the Ministry of Health) with an ultimate goal of restoring direct GoK support for health care provision at mission hospitals and health facilities. OAIC support is directed through \$50,000 from previously unallocated funds. CHF will also work with KEC to implement policy for youth prevention programming throughout their national network.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

CHF support to the KPA will facilitate the scale up pediatric HIV care and treatment through capacity building, on-site mentorship, HIV stigma reduction, pediatric DTC guidelines and dissemination of guidelines and job-aids. The second component of this activity will strengthen linkages across and among religious groups working in HIV/AIDS. CHF support to KEC-Catholic Secretariat will facilitate the development of HIV policies that will guide the HIV/AIDS activities religious groups working in HIV/AIDS. The third component of this activity will strengthen the delivery of integrated HIV and TB services in the private sector to ensure that TB/HIV services are in line with national guidelines and good clinical practice.

4. LINKS TO OTHER ACTIVITIES

This activity will strengthen the capacity of health facilities and health workers to provide comprehensive pediatric HIV/AIDS services to children affected and infected with HIV/AIDS. The activity will also strengthen the capacity of the religious and the private practice medical sectors to contribute in the provision of high quality TB/HIV services.

5. POPULATIONS BEING TARGETED

CHF support to the KPA will target children, private and public health care providers (doctors, clinical officers, nurses, laboratory technicians, pharmacists, nutritionists and counselors) and other MOH staff. Support to the KEC-CS will target faith-based organizations, religious leaders and people living with HIV/AIDS. The activities of the KAPTLD will target TB suspects, HIV+ persons, and private and public health care providers and other health workers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

CHF support to the KPA , KEC-CS and KAPTLD will address stigma and discrimination of HIV/TB infected adults and children in the health care setting, among health workers and religious groups working in HIV/AIDS.

7. EMPHASIS AREA

The primary focus of CHF support to the three sub recipients is to build local organization capacity. CHF support will enhance the association's capacity to develop policies and guidelines to support HIV testing of children in clinical settings and to address stigma and discrimination of HIV infected persons. CHF will provide relevant training to the three sub recipients to enhance their capacity to achieve their goals. This

Activity Narrative: additional support will expand the scope of current activities in the current 07 COP. Three local faith-based organizations the Christian Health Association of Kenya (CHAK), the Organization of African Instituted Churches of Kenya (OAIC) and the Kenya Episcopal Conference/Kenya Catholic Secretariat (KEC/KCS) will have their organizational capacities strengthened through the CHF umbrella funding mechanism. They will receive funding to strengthen their HIV/AIDS desks to promote continued provision of high-quality HIV/AIDS services and treatment by mission hospitals (KEC and CHAK) and a comprehensive church-sponsored HIV/AIDS community interventions including prevention, OVC support, home-based care programs and VCT (KEC, CHAK and OAIC). Funds will also be used to better equip KEC and CHAK to effectively carry foward policy dialogue with the Government of Kenya (particularly the Ministry of Health) with an ultimate goal of restoring direct GoK support for health care provision at mission hospitals and health facilities. OAIC support is directed through \$50,000 from previously unallocated funds. CHF will also work with KEC to implement policy for youth prevention programming throughout their national network.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6873

Related Activity: 14767, 14792

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6873	4168.07	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	4221	348.07		\$934,500
4168	4168.06	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	3233	348.06		\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14767	4170.08	6941	348.08		Community Housing Foundation	\$1,800,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Target	Target Value	Not Applicable
Policy Analysis and systems strenthening	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	5	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	5	False
14.3 Number of individuals trained in HIV-related policy development	150	False
14.4 Number of individuals trained in HIV-related institutional capacity building	150	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	360	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	300	False

Indirect Targets

Target Populations

General population Children (under 5) Boys Children (under 5) Girls Children (5-9) Boys Children (5-9) Girls Ages 10-14 Boys Ages 10-14 Girls Ages 15-24 Men Ages 15-24 Women Adults (25 and over) Men Adults (25 and over) Women **Special populations** Most at risk populations Street youth Other Orphans and vulnerable children **Discordant Couples** People Living with HIV / AIDS **Religious Leaders**

Teachers

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 341.08 Prime Partner: Population Reference Bureau

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 16289.08

Activity System ID: 16289

Mechanism: BRIDGE Project USG Agency: U.S. Agency for International Development Program Area: Other/Policy Analysis and System Strengthening Program Area Code: 14 Planned Funds: \$350,000

1. LIST OF RELATED ACTIVITIES

This activity is linked to other Policy Analysis and System Strengthening activities, Strategic Information activities as well as all APHIA II activities.

2. ACTIVITY DESCRIPTION

This activity will support the systematic documentation of best practices and lessons learned from Emergency Plan initiatives. It will develop protocols for disseminating and sharing knowledge among different actors, implementers and stakeholders. Regular knowledge sharing workshops will be supported which will also serve as vehicles for coordination and cooperation. Assistance to develop and use various types of information technology will be provided. This activity will support the development and maintenance of list serves and websites.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will bolster sustainability by fostering coordination and cooperation through sharing of knowledge and best-practices among Emergency Plan partners.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to other Policy Analysis and System Strengthening activities, Strategic Information activities as well as all APHIA II activities

5. EMPHASIS AREA

This activity will support knowledge-sharing among Emergency Plan projects to more effectively disseminate operating policies and best practices in systems strengthening.

6. TARGETS

Number of local organizations provided with technical assistance for HIV-related policy development – Not applicable

Number of local organizations provided with technical assistance for HIV-related institutional capacity building - 50

Number of individuals trained in HIV-related policy development (Not applicable)

Number of individuals trained in HIV-related institutional capacity building - 100

Number of individuals trained in HIV-related stigma and discrimination reduction (Not applicable)

Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment (Not applicable)

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Food Support

Target	Target Value	Not Applicable
Policy Analysis and systems strenthening	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	50	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	100	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 4917.08	Mechanism: APHIA II - Central
Prime Partner: Pathfinder International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 16326.08	Planned Funds: \$100,000
Activity System ID: 16326	

Activity Narrative: THIS IS A NEW ACTIVITY.

1. ACTIVITY DESCRIPTION

USAID APHIA II Central/Nairobi began activities in Central/Nairobi in FY 2006. In FY 2008 APHIA II Central/Nairobi will work to strengthen the dissemination of key Government of Kenya (GOK) policies and guidelines, developed at national level, to the district level. In FY 2008 this will include working with the Ministry of Education and other stakeholders to sensitize teachers about HIV/AIDS prevention and the AIDS policy for the education sector. In addition APHIA II Central/Nairobi will support provincial and district health systems strengthening by convening consultative meetings and various stakeholders' forums. The activity will target to reach at least four of the districts in Central and four of the districts in Nairobi and also train 100 individuals on HIV-related policy development from both provinces.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to strengthening Government of Kenya systems on policy, planning and budgeting. This will be done by enhancing dissemination and understanding of key government policies and guidelines, which will be developed or reviewed nationally, out to the districts through provincial channels.

3. LINKS TO OTHER ACTIVITIES

This activity will link to other APHIA II Central/Nairobi activities, particularly in AB and OP as well as USAID-OHPS-HPI-TBD-2008 that will be developing and reviewing key policies and guidelines nationally.

4. POPULATIONS BEING TARGETED

This activity will target teachers through activities guided by the Ministry of Education particularly as regards the dissemination of the AIDS policy for the education sector.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

The main emphasis area for this activity will be local organization capacity building via serving to enhance the management and coordination capacity of district and provincial health management teams in at least half of the districts in the provinces served by the implementer.

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15012

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strenthening	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	8	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	8	False
14.3 Number of individuals trained in HIV-related policy development	100	False
14.4 Number of individuals trained in HIV-related institutional capacity building	100	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

Other

Teachers

Coverage Areas

Central

Nairobi

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 4914.08

Prime Partner: JHPIEGO

Mechanism: APHIA II - Eastern

Budget Code: OHPS

Activity ID: 16333.08

Activity System ID: 16333

Activity Narrative: THIS IS A NEW ACTIVITY.

1. ACTIVITY DESCRIPTION

USAID APHIA II Eastern began activities in Eastern in FY 2006. In FY 2008 APHIA II Eastern will work to strengthen the dissemination of key Government of Kenya (GOK) policies and guidelines, developed at national level, to the district level. In FY 2008 this will include working with the Ministry of Education and other stakeholders to sensitize teachers about HIV/AIDS prevention and the AIDS policy for the education sector.

In addition APHIA II Eastern will support provincial and district health systems strengthening by convening consultative meetings and various stakeholders' forums. The activity will target to reach at least seven of the thirteen districts in the province and train approximately 70 individuals on HIV-related policy development.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to strengthening Government of Kenya systems on policy, planning and budgeting. This will be done by enhancing dissemination and understanding of key government policies and guidelines, which will be developed or reviewed nationally, out to the districts through provincial channels.

3. LINKS TO OTHER ACTIVITIES

This activity will link to other APHIA II Eastern activities, particularly in AB and OP as well as USAID-OHPS-HPI-TBD-2008 that will be developing and reviewing key policies and guidelines nationally.

4. POPULATIONS BEING TARGETED

This activity will target teachers through activities guided by the Ministry of Education particularly as regards the dissemination of the AIDS policy for the education sector.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED The main emphasis area for this activity will be local organization capacity building via serving to enhance the management and coordination capacity of district and provincial health management teams in at least half of the districts in the province served by the implementer.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15012

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Program Area Code: 14

Planned Funds: \$100,000

Target	Target Value	Not Applicable
Policy Analysis and systems strenthening	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	7	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	7	False
14.3 Number of individuals trained in HIV-related policy development	70	False
14.4 Number of individuals trained in HIV-related institutional capacity building	70	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

Other

Teachers

Coverage Areas

Eastern

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 4916.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 16337.08

Activity System ID: 16337

Mechanism:	APHIA II - Rift Valley
USG Agency:	U.S. Agency for International Development
Program Area:	Other/Policy Analysis and System Strengthening
Program Area Code:	14
Planned Funds:	\$100,000

Activity Narrative: THIS IS A NEW ACTIVITY.

1. ACTIVITY DESCRIPTION

USAID APHIA II Rift Valley began activities in Rift Valley in FY 2006. In FY 2008 APHIA II Rift Valley will work to strengthen the dissemination of key Government of Kenya (GOK) policies and guidelines, developed at national level, to the district level. In FY 2008 this will include working with the Ministry of Education and other stakeholders to sensitize teachers about HIV/AIDS prevention and the AIDS policy for the education sector. In addition APHIA II Rift Valley will support provincial and district health systems strengthening by convening consultative meetings and various stakeholders' forums. The activity will target to reach at least nine of the nineteen districts in the province and seek to train at least 90 individuals on HIV-related policy development.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to strengthening Government of Kenya systems on policy, planning and budgeting. This will be done by enhancing dissemination and understanding of key government policies and guidelines, which will be developed or reviewed nationally, out to the districts through provincial channels.

3. LINKS TO OTHER ACTIVITIES

This activity will link to other APHIA II Rift Valley activities, particularly in AB and OP as well as USAID-OHPS-HPI-TBD-2008 that will be developing and reviewing key policies and guidelines nationally.

4. POPULATIONS BEING TARGETED

This activity will target teachers through activities guided by the Ministry of Education particularly as regards the dissemination of the AIDS policy for the education sector.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

The main emphasis area for this activity will be local organization capacity building via serving to enhance the management and coordination capacity of district and provincial health management teams in at least half of the districts in the province served by the implementer.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15012

Emphasis Areas

Local Organization Capacity Building

Food Support

Target	Target Value	Not Applicable
Policy Analysis and systems strenthening	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	9	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	9	False
14.3 Number of individuals trained in HIV-related policy development	90	False
14.4 Number of individuals trained in HIV-related institutional capacity building	90	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

Other

Teachers

Coverage Areas

Rift Valley

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 4913.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 16331.08

Activity System ID: 16331

Mechanism:	APHIA II - Coast
USG Agency:	U.S. Agency for International Development
Program Area:	Other/Policy Analysis and System Strengthening
Program Area Code:	14
Planned Funds:	\$100,000

Activity Narrative: THIS IS A NEW ACTIVITY.

1. ACTIVITY DESCRIPTION

USAID APHIA II Coast began activities in Coast in FY 2006. In FY 2008 APHIA II Coast will work to strengthen the dissemination of key Government of Kenya (GOK) policies and guidelines, developed at national level, to the district level. In FY 2008 this will include working with the Ministry of Education and other stakeholders to sensitize teachers about HIV/AIDS prevention and the AIDS policy for the education sector.

In addition APHIA II Coast will support provincial and district health systems strengthening by convening consultative meetings and various stakeholders' forums. The activity will target to reach at least four of the seven districts in the province and train 50 individuals on HIV-related policy development.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to strengthening Government of Kenya systems on policy, planning and budgeting. This will be done by enhancing dissemination and understanding of key government policies and guidelines, which will be developed or reviewed nationally, out to the districts through provincial channels.

3. LINKS TO OTHER ACTIVITIES

This activity will link to other APHIA II Coast activities, particularly in AB and OP as well as USAID-OHPS-HPI-TBD-2008 that will be developing and reviewing key policies and guidelines nationally.

4. POPULATIONS BEING TARGETED

This activity will target teachers through activities guided by the Ministry of Education particularly as regards the dissemination of the AIDS policy for the education sector.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

The main emphasis area for this activity will be local organization capacity building via serving to enhance the management and coordination capacity of district and provincial health management teams in at least half of the districts in the province served by the implementer.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15012

Emphasis Areas

Local Organization Capacity Building

Food Support

Target	Target Value	Not Applicable
Policy Analysis and systems strenthening	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	4	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	4	False
14.3 Number of individuals trained in HIV-related policy development	50	False
14.4 Number of individuals trained in HIV-related institutional capacity building	50	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

Other

Teachers

Coverage Areas

Coast

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 4915.08	Mechanism: APHIA II - Nyanza
Prime Partner: Engender Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 16334.08	Planned Funds: \$100,000
Activity System ID: 16334	

Activity Narrative: THIS IS A NEW ACTIVITY.

1. ACTIVITY DESCRIPTION

USAID APHIA II Nyanza began activities in Nyanza in FY 2006. In FY 2008 APHIA II Nyanza will work to strengthen the dissemination of key Government of Kenya (GOK) policies and guidelines, developed at national level, to the district level. In FY 2008 this will include working with the Ministry of Education and other stakeholders to sensitize teachers about HIV/AIDS prevention and the AIDS policy for the education sector.

In addition APHIA II Nyanza will support provincial and district health systems strengthening by convening consultative meetings and various stakeholders' forums. The activity will target to reach at least six of the twelve districts in the province and train at least 60 individuals on HIV-related policy development.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to strengthening Government of Kenya systems on policy, planning and budgeting. This will be done by enhancing dissemination and understanding of key government policies and guidelines, which will be developed or reviewed nationally, out to the districts through provincial channels.

3. LINKS TO OTHER ACTIVITIES

This activity will link to other APHIA II Nyanza activities, particularly in AB and OP as well as USAID-OHPS-HPI-TBD-2008 that will be developing and reviewing key policies and guidelines nationally.

4. POPULATIONS BEING TARGETED

This activity will target teachers through activities guided by the Ministry of Education particularly as regards the dissemination of the AIDS policy for the education sector.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

The main emphasis area for this activity will be local organization capacity building via serving to enhance the management and coordination capacity of district and provincial health management teams in at least half of the districts in the province served by the implementer.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15012

Emphasis Areas

Local Organization Capacity Building

Food Support

Target	Target Value	Not Applicable
Policy Analysis and systems strenthening	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	6	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	6	False
14.3 Number of individuals trained in HIV-related policy development	60	False
14.4 Number of individuals trained in HIV-related institutional capacity building	60	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

Other

Teachers

Coverage Areas

Nyanza

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 4	918.08
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Prime Partner: Program for Appropriate Technology in Health Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 16339.08

Activity System ID: 16339

Mechanism: APHIA II - Western USG Agency: U.S. Agency for International Development Program Area: Other/Policy Analysis and System Strengthening Program Area Code: 14 Planned Funds: \$100,000

Activity Narrative: THIS IS A NEW ACTIVITY.

1. ACTIVITY DESCRIPTION

USAID APHIA II Western began activities in Western in FY 2007. In FY 2008 APHIA II Western will work to strengthen the dissemination of key Government of Kenya (GOK) policies and guidelines, developed at national level, to the district level. In FY 2008 this will include working with the Ministry of Education and other stakeholders to sensitize teachers about HIV/AIDS prevention and the AIDS policy for the education sector.

In addition APHIA II Western will support provincial and district health systems strengthening by convening consultative meetings and various stakeholders' forums. The activity will target to reach at least four of the eight districts in the province and seek to train at least 40 individuals on HIV-related policy development.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to strengthening Government of Kenya systems on policy, planning and budgeting. This will be done by enhancing dissemination and understanding of key government policies and guidelines, which will be developed or reviewed nationally, out to the districts through provincial channels.

3. LINKS TO OTHER ACTIVITIES

This activity will link to other APHIA II Western activities, particularly in AB and OP as well as USAID-OHPS -HPI-TBD-2008 that will be developing and reviewing key policies and guidelines nationally.

4. POPULATIONS BEING TARGETED

This activity will target teachers through activities guided by the Ministry of Education particularly as regards the dissemination of the AIDS policy for the education sector.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

The main emphasis area for this activity will be local organization capacity building via serving to enhance the management and coordination capacity of district and provincial health management teams in at least half of the districts in the province served by the implementer.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15012

Emphasis Areas

Local Organization Capacity Building

Food Support

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strenthening	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	4	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	4	False
14.3 Number of individuals trained in HIV-related policy development	40	False
14.4 Number of individuals trained in HIV-related institutional capacity building	40	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

Other

Teachers

Coverage Areas

Western

Table 3.3.14: Activities by Funding Mechansim

Mechanism IE): 4	41.08
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Prime Partner: Academy for Educational Development Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 4216.08

Activity System ID: 14720

Mechanism:	Capable Partners
USG Agency:	U.S. Agency for International Development
Program Area:	Other/Policy Analysis and System Strengthening
Program Area Code:	14
Planned Funds:	\$800,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. LIST OF RELATED ACTIVITIES

This activity is linked to Capable Partners' work in the areas of Abstinence and Be Faithful (#6832), Other Prevention (#6830), and Counseling and Testing (#6829). This activity also relates to other private public partnerships in HVAB (#7052), HBHC (#8755), and HTXS (#8765).

2. EMPHASIS AREAS

The major emphasis area for this activity is improving systems for HIV/AIDS prevention.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will enhance sustainability by emphasizing HIV/AIDS prevention and developing private sector participation in prevention activities.

4. ACTIVITY DESCRIPTION

Capable Partners Program (CAP) implemented by the Academy for Educational Development will continue supporting its partner ACE Communications. ACE Communications will continue the information campaigns for discordant couples implemented in COP'07 (\$100,000). It will initiate an activity to address male circumcision (\$200,000). The information campaign for discordant couples will use a mix of media including radio, docu-drama video, calendars, billboards, pamphlets, community social events, and educational seminars for community leaders. In 2008 ACE will continue to intensify the campaign in Bondo. Rachuonyo and Suba districts and to develop sustained linkages with VCT and couples counseling services. Communication programs through the local Luo language, however, have a reach beyond Bondo district and will benefit 8 other districts of Nyanza and that of diaspora communities in Nairobi and Nakuru. At the same time work will continue to develop linkages with government and other partners to ensure that quality VCT, couples counseling and other follow-up services are available in these districts. ALSO, In COP'08 ACE Communications will strengthen capacity for male circumcision services in 6 districts in the southern part of Nyanza Province. Support will be provided to 40 MOH facilities in Nyanza province for improving the quality of MC services. Support to improve MC services will be provided in district hospitals and faith-based facilities. These will include renovations, equipment, and commodities as well as advocacy and training among service providers. The advocacy work will focus on increasing the acceptability of male circumcision as a preventive intervention. Advocacy efforts will target community leaders, particularly the Luo Council of Elders. These will be pursued particularly where other PEPFAR-supported activities such as VCT, care and treatment are provided.

For COP'08, CAP will continue supporting its partner, the Kenya HIV/AIDS Private Sector Business Council (KHPSBC) (\$300,000). KHPSBC will continue its assistance to SMEs in the a)provision of technical assistance for HIV/AIDS-related workplace programs and policy development, b) training targeted individuals as workplace HIV focal points for HIV-related policy development and training peer educators and counselors to be agents of change in prevention, stigma and discrimination reduction; c) training employees of targeted companies and equipping them with information and prevention messages to promote behavior change and adoption of VCT as an entry into to care and treatment, and equipping them with the skills for community mobilization for prevention; and d) production and distribution of relevant training and institutional capacity building materials in HIV-related prevention, care and treatment. The target SMEs will include the flower farms surrounding Lake Naivasha, other horticultural industries, and other agricultural enterprises. This activity will support testing of cost sharing mechanism and arrangements for payment of HIV/AIDS preventive services obtained from providers operating under public-private partnerships. This payment mechanism will encourage public-private partnerships such as the Child and Family Wellness Shops and the Gold Star Network.

Finally, CAP Kenya will also work with the Ministry of Youth Affairs to enable them to target tertiary institutions including universities and polytechnics throughout the country with prevention, anti-crime and substance abuse messages (\$100,000). This will involve partner such as the university-based I Choose Life to train 150 peer educators and teachers who will reach 20,000 youth and teachers.

5. LINKS TO OTHER ACTIVITIES

This activity is linked to Capable Partners' work in the areas of Abstinence and Be Faithful (#6832), Other Prevention (#6830), and Counseling and Testing (#6829). This activity also relates to other private public partnerships in HVAB (#7052), HBHC (#8755), and HTXS (#8765)

6. TARGETS

Number of local organizations provided with technical assistance for HIV-related policy development (Not applicable)

Number of local organizations provided with technical assistance for HIV-related institutional capacity building - 10

Number of individuals trained in HIV-related policy development (Not applicable)

Number of individuals trained in HIV-related institutional capacity building - 50

Number of individuals trained in HIV-related stigma and discrimination reduction (Not applicable) Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment – 20,200

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6828

Related Activity:

Activity ystem ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20344	4216.20344. 09	U.S. Agency for International Development	Academy for Educational Development	9037	441.09	Capable Partners	\$600,000
20343	4216.20343. 09	U.S. Agency for International Development	Academy for Educational Development	9037	441.09	Capable Partners	\$200,000
6828	4216.07	U.S. Agency for International Development	Academy for Educational Development	4198	441.07	Capable Partners	\$700,000
4216	4216.06	U.S. Agency for International Development	Academy for Educational Development	3247	441.06	Capable Partners	\$200,000

Emphasis Areas

Local Organization Capacity Building

Male circumcision

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strenthening	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	10	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	50	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	20,200	False

Target Populations

Ages 10-14 Boys Ages 10-14 Girls			
Ages 10-14 Girls			
Girls			
Ages 15-24			
Men			
Ages 15-24			
Women			
Adults (25 and over)			
Men			
Adults (25 and over)			
Women			
Other			
Business Community			
Discordant Couples			

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	7448.08	Mechanism:	Leadership, Management, and Sustainability
Prime Partner:	Management Sciences for Health	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)	Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS	Program Area Code:	14
Activity ID:	16953.08	Planned Funds:	\$800,000
Activity System ID:	16953		

Activity Narrative: THIS IS A NEW ACTIVITY.

1. LIST OF RELATED ACTIVITIES

This activity is related to the USAID new activities on leadership and management and mapping of HIV/AIDS service delivery points and all APHIA activities.

2. ACTIVITY DESCRIPTION

This activity will strengthen the leadership and management capacity of networks (for example, the Inter Religious Council of Kenya which brings together 7 different religious networks) that support the effective and efficient delivery of HIV/AIDS services. Using existing diagnostic tools such as the Management and Organizational Sustainability Tool (MOST) for networks, MSH will identify priority management systems strengthening needs. MOST for networks is a participatory management diagnostic process that enables managers to develop a management capacity profile for their organization and network and a prioritized action plan for improvement. Through the MOST process, these networks will assess the current status of their management systems, identify feasible changes that will make their network more efficient and effective, develop specific plans to implement the changes and generate staff buy-in needed to support management systems improvements. This activity will provide on-going technical assistance to support these management systems improvements. This activity will also develop and implement a grant-making mechanism to support the networks in financing their management improvement initiatives. The objective is to rapidly distribute funds to implement management improvement initiatives that support the effective and efficient delivery of HIV/AIDS services using a network of service delivery points. This funding mechanism will provide 6-12 months grants for urgent and bridging activities to develop and implement management systems of networks. Groups seeking funding will submit a letter describing the concept and an application via email or fax, reducing delays and application-related costs. The concept letter will include an assessment of the current status of network processes, a determination of feasible changes that will make the network more effective, a description of the plans to implement the changes including a memorandum of understanding among network members. Because the identification of the initiative will require leadership and the use of leadership and management tools, for COP'08, the rapid grant mechanism will only be available to organizations in the four provinces that are included in the management and leadership program.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will improve sustainability by strengthening the management systems of government organizations and indigenous organizations providing HIV/AIDS services.

4. LINKS TO OTHER ACTIVITIES

This activity is related to the USAID new activities on leadership and management and mapping of HIV/AIDS service delivery points and all APHIA activities.

5. EMPHASIS AREA

This activity will provide grants to initiatives that strengthen the management of HIV/AIDS networks at subnational levels.

6. TARGETS

Number of local organizations provided with technical assistance for HIV-related policy development (N/A) Number of local organizations provided with technical assistance for HIV-related institutional capacity building- 21

Number of individuals trained in HIV-related policy development (N/A)

Number of individuals trained in HIV-related institutional capacity building- 63

Number of individuals trained in HIV-related stigma and discrimination reduction (N/A)

Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment (N/A)

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strenthening	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	21	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	63	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Coverage Areas Central Coast Nyanza Western

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:7533.08Mechanism:HIV FellowshipsPrime Partner:University of NairobiUSG Agency:HHS/Centers for Disease
Control & PreventionFunding Source:GHCS (State)Program Area:Other/Policy Analysis and
System StrengtheningBudget Code:OHPSProgram Area Code:14Activity ID:16911.08Planned Funds:\$700,000Activity System ID:16911IfestionIfestion

Activity Narrative: THIS IS A NEW ACTIVITY

1. ACTIVITY DESCRIPTION

In Kenya, there is an acute shortage of high-level personnel to manage HIV/AIDS programs and develop evidence-based policy. In addition, among the small existing pool of HIV/AIDS program managers, there is a need for long-term and short-term training in several areas of HIV program implementation, monitoring, and evaluation. These gaps limit the effectiveness of Kenyan governmental and non-governmental HIV programs, including those of NASCOP and other Ministries involved in HIV/AIDS activities. We propose to implement an HIV Fellowship Program focused on training high-level HIV program managers. The program will provide long-term training for 12 Fellows who will be placed and working within host institutions, as well as short-term training for 200 Kenyan public health professionals, informaticians and journalists and 120 host institution staff. For the two-year fellowship program, fellows will be selected through a competitive process and will generally have masters degrees or be physicians or nurses prior to beginning the fellowship program. HIV-focused programs would apply to serve as a host institution for a Fellow, and would include such government institutions such as Provincial and District Medical Offices, the National AIDS and STD Control Program (NASCOP), the National AIDS Control Council, the Ministry of Education and Kenyan non-governmental HIV prevention, care, and treatment organizations. Fellows would be supervised by an academic advisor as well as a mentor at the host institution where they would be working for two years. The Fellowship would include periodic didactic courses, but also a long-term HIV/AIDSrelated project at their host institution for which the Fellow would have to submit a formal grant application. While all fellows will complete a core curriculum on HIV/AIDS Program management and epidemiology, the Kenyan HIV/AIDS Fellows will specialize in one of three main tracks: program management, health economics, and informatics/monitoring and evaluation. These tracks address current gaps in human capacity within the professional public health cadre in Kenya. The program would also include short courses on different aspects of HIV/AIDS program management and epidemiology for 200 district and provinciallevel health officials, policy makers, program managers and journalists. As a part of their fellowship curriculum, fellows will also train staff at their host institutions, totaling 120 persons per year. This program will be modeled after similar PEPFAR-supported programs in Uganda, Zimbabwe and soon in Botswana. These programs have been highly successful in creating a qualified pool of HIV/AIDS program managers and have helped to build long-term human capacity that can support and sustain PEPFAR investments in country. This program will be implemented by a Kenyan academic institution that will be selected through a competitive process (TBD) in collaboration with CDC and GOK.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This program will contribute to three of the key goals of our OHPS and SI strategy. First, it will contribute to strengthening health human resource capacity and will reinforce sustainability of HIV/AIDS programs. Through this program, over 330 Kenyan professionals will be trained, including 200 Kenyan public health professionals, informaticians and journalists and 120 host institution staff who will receive short-term training and 24 Fellows who will be placed and working within host institutions during their two-year fellowship (12 will graduate every year). This training will help expand the very limited pool of HIV/AIDS program managers currently available in Kenya and reduce reliance on expatriate staffing. Secondly, the program will help to improve the leadership, management and capacity-building skills of local indigenous organizations and their networks to enhance the sustainability of HIV/AIDS programs. All host institutions will be Kenyan governmental and non-governmental organizations and a key component of the program will be training of host institution staff. In addition, fellows will learn how to write a successful grant application. Experience with similar programs in other PEPFAR countries demonstrates that the majority of fellows often are able to use their grant writing skills to assist their host institutions to raise funds to sustain their salaries after they complete their two year fellowship placement. In addition, Fellows are highly marketable after completing the training and stay in country; for example, in Uganda, of the first 17 graduates, 15 continued to work in HIV/AIDS activities in Uganda, 1 worked in HIV/AIDS for the USG in Guyana, and 1 worked with HIV/AIDS in Tanzania. The program will be implemented by a Kenyan Institution in partnership with CDC. Finally, the fellowship program will help to improve systems for HIV/AIDS policy development, planning and budgeting and will help to bolster and institutionalize GOK policy and financing support for HIV/AIDS programs. By expanding indigenous expertise in the areas of health economics, monitoring and evaluation, and evidence-based approaches to health, GOK policy planning for HIV/AIDS programs can be based on cost-effective interventions.

3. LINKS TO OTHER ACTIVITIES

This activity will leverage existing resources already in place in the Field Epidemiology and Laboratory Training Program (FELTP) program, which is currently funded by CDC-Atlanta and USAID, to expand this capacity building program to include different tracks in an HIV Fellowship Program: HIV public health management and science; health economics; and HIV monitoring and evaluation. In addition, linkages will be made to similar PEPFAR-funded programs in Uganda, Zimbabwe and Botswana to share materials and programmatic lessons. Detailed planning for this activity will be done in conjunction with other on-going and new PEPFAR-funded activities including the ongoing University of Nairobi/University of North Carolina/MEASURE Evaluation Project (###) curriculum development training on M&E, as well as the USAID Management Sciences for Health activity on leadership development.

4. POPULATIONS BEING TARGETED

This activity will provide training for adult men and women. Through their fellowship projects and host institutions, this activity should impact and improve service delivery to many of PEPFAR's target populations.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED Emphasis areas for this national activity include human capacity development, training, in-service training, retention strategies, local organization capacity building and strategic information strengthening.

6. TARGETS

Number of local organizations provided with technical assistance for HIV-related policy development --12 Number of local organizations provided with technical assistance for HIV-related institutional capacity building -- 52

Number of individuals trained in HIV-related policy development--330 Number of individuals trained in HIV-related institutional capacity building- 330

Number of individuals trained in HIV-related stigma and discrimination reduction--330

Activity Narrative: Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment-130

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16842

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16842	16842.08	7533	7533.08	HIV Fellowships	University of Nairobi	\$500,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strenthening	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	12	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	52	False
14.3 Number of individuals trained in HIV-related policy development	330	False
14.4 Number of individuals trained in HIV-related institutional capacity building	330	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	330	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	130	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7448.08

Prime Partner: Management Sciences for Health Funding Source: GHCS (State)

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Budget Code: OHPS

Activity ID: 16952.08

Activity System ID: 16952

Mechanism: Leadership, Management, and Sustainability USG Agency: U.S. Agency for International Development Program Area: Other/Policy Analysis and System Strengthening Program Area Code: 14 Planned Funds: \$1,250,000

Activity Narrative: THIS IS A NEW ACTIVITY.

1. LIST OF RELATED ACTIVITIES

This activity is linked to USAID's new activity on network management grants and the CDC's new activity on a fellowship program.

2. ACTIVITY DESCRIPTION

Resources for HIV/AIDS from internal and external sources have been increasing even as funding gaps are continually identified. This activity will support the development of leadership and management capacities of Emergency Plan partners for making the best use of existing resources and for mobilizing new resources. It will develop the skills and competencies of managers to lead, to find solutions to challenges and achieve results. The primary goal is to increase the sustainability of Emergency Plan interventions by developing strong leadership. Toward this end, two types of leadership development programs will be implemented. i) The Senior Development Leadership Program will target senior leaders of NGOs and the public sector at the province level. The program will be implemented within a 6-month period. It will adopt the training approach of the program for national-level leaders by the Executive Leadership Initiative (ELI), a publicprivate partnership between The Bill and Melinda Gates Foundation, the MSH, the East, Central, and Southern Africa Health Community (ECSA-HC), and the Kenya Institute of Administration (KIA). Under COP'08, the leadership program will be conducted for two groups, each working in two provinces for a total of 4 provinces. Participants from each province will include two senior officers of the provincial health office, two senior managers of the APHIA II project, at most two new senior staff hired to replace staff that transferred to USG partner organizations and a senior leader each from at most four other major partners operating in the province including faith-based and private organizations. The implementation of the leadership program will consist of inter-province leadership dialogues, province-specific leaders' workshops, coaching and follow-up support. The inter-province leadership dialogues will impart proven leading and managing practices aimed at enhancing the skills of senior leaders to effectively use resources, mobilize resources, build partnerships, and utilize systematic approaches to decision making for improved HIV/AIDS program results. They will also provide the opportunity for collaborative learning and problem solving among participating provinces. Between each inter-province dialogue, two provincial leaders' workshops will take place, about 6 weeks apart, during which the senior leaders will work with their implementation teams on validating and further elaborating the leadership and management development efforts initiated during the dialogues. Additionally, if the provincial teams consider it helpful, coaching will be provided through MSH's LeaderNet website, email, fax, CD-ROM, phone and face-to-face meetings. ii) Front-line Leadership Development Program will be geared to public and NGO managers at the district and community levels targeting those providing a network of services. The leadership program will be implemented within a 6month time period. This activity will provide technical assistance to the MOH to train provincial level facilitators in the four provinces identified in activity Senior Development Leadership Program described above. The TOT will be conducted in order to roll out the program to the districts. The facilitators will be trained to teach modules on leadership and to guide weekly sessions with their district management teams.

3. CONTRIBUTION TO OVERALL PROGRAM AREA This activity improves sustainability of HIV/AIDS programs through skilled management and inspired leadership of Emergency Plan partners.

4. LINKS TO OTHER ACTIVITIES This activity is linked to USAID's new activity on network management grants and the CDC's new activity on a fellowship program.

5. EMPHASIS AREA

This activity will build leadership and management capacities of government organizations and indigenous organizations providing HIV/AIDS services.

6. TARGETS

Number of local organizations provided with technical assistance for HIV-related policy development (N/A) Number of local organizations provided with technical assistance for HIV-related institutional capacity building - 64

Number of individuals trained in HIV-related policy development (N/A)

Number of individuals trained in HIV-related institutional capacity building- 432

Number of individuals trained in HIV-related stigma and discrimination reduction (N/A)

Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment (N/A)

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strenthening	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	64	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	432	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Coverage Areas		
Central		
Coast		
Nyanza		
Western		

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3588.08

Prime Partner: Population Services International Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 12505.08

Activity System ID: 14986

Mechanism: APHIA II - Health Communication & Marketing USG Agency: U.S. Agency for International Development Program Area: Other/Policy Analysis and System Strengthening Program Area Code: 14 Planned Funds: \$100,000

Activity Narrative: In this program area, the APHIA Health Communication and Marketing activity will work to broaden cultural acceptance of medical male circumcision as a prevention intervention to reduce the risk of HIV transmission. This will be done through media campaigns as well as interpersonal communication.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12505

Related Activity: 14979, 14980, 14982, 14983, 14985

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20101	12505.2010 1.09	U.S. Agency for International Development	Population Services International	8965	3588.09	APHIA II - Health Communication & Marketing	\$100,000
12505	12505.07	U.S. Agency for International Development	Population Services International	4289	3588.07	APHIA II - Health Communication & Marketing	\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14979	4994.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$200,000
14980	5090.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$3,100,000
14982	5006.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$2,000,000
14983	9053.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$400,000
14985	4930.08	6994	3588.08	APHIA II - Health Communication & Marketing	Population Services International	\$2,750,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Male circumcision

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strenthening	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Та

Target Populations	
General population	
Ages 10-14	
Boys	
Ages 15-24	
Men	
Adults (25 and over)	
Men	

Coverage Areas

Nyanza

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 4924.08

Prime Partner: Partnership for Supply Chain Management Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 12504.08

Activity System ID: 14955

Mechanism: N/A **USG Agency:** U.S. Agency for International Development

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$400,000

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are:

• In addition to procuring consumables SCMS will also assist in procuring linen and instruments for the health facilities to allow them to carry out the minor procedures. A facility kit will be developed that will include the list of essential instruments and linen. A patient kit will be developed that includes a list of the essential consumables needed for each circumcision that will include gloves, surgical blades, sutures and also local anesthesia, and oral analgesics.

1. LIST OF RELATED ACTIVITIES

This activity links to all other activities implementing Male Circumcision.

2. ACTIVITY DESCRIPTION

Procurement of circumcision supply packages: Through SCMS and other existing PEPFAR mechanisms, we propose to procure circumcision consumable supplies and initiate a supply chain system in year one. SCMS will design a circumcision kit that will include the following consumables will include surgical blades, local anesthesia, syringes, needles, gloves and bandages. This activity will help to strengthen service delivery systems for MC implementation in Kenya.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12504

Related Activity:

Continuned Associated Activity Information

Activity System II	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20203	12504.2020 3.09	U.S. Agency for International Development	Partnership for Supply Chain Management	8987	4924.09		\$400,000
12504	12504.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4924	4924.07		\$400,000

Emphasis Areas

Male circumcision

Food Support

Public Private Partnership

Coverage Areas

Nyanza

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 210.08

Prime Partner: Kenya Medical Research Institute Funding Source: GHCS (State)

Funding Source: GHCS (State)

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity System ID: 14885

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS EXPANDED INCLUDING UPDATED REFERENCES TO TARGETS AND BUDGETS.

1. ACTIVITY DESCRIPTION

KEMRI has a mandate to provide an evidence base for new GOK MOH policy formulation. In this activity, KEMRI will work closely with NASCOP, the Nyanza Circumcision Consortium and other partners to strengthen MC delivery systems in Nyanza Province. KEMRI's work will involve both Facility and Mobile approaches to MC service delivery and will also incorporate a comprehensive evaluation of MC service delivery models and population level impact of MC. Leveraging the existing Demographic Surveillance System (DSS) in Nyanza Province, KEMRI will be able to evaluate the impact of MC circumcision on HIV incidence at the population level. KEMRI will also be able to document uptake, coverage and cost-effectiveness of facility-based MC service delivery and the added value of mobile approaches to MC service delivery. In addition, KEMRI will monitor adverse events as well as risk compensation and sexual disinhibition. The existing DSS infrastructure provides a unique and excellent platform to assess operational research questions and identify the most efficient and effective models of MC service delivery. This evaluation will be conducted in partnership with NASCOP and IMPACT and the results will be used to inform GOK policy, implementation guidelines and strategy development.

2. CONTRIBUTIONS TO OVERALL PROGRAM

The KEMRI Systems Strengthening activity will guide and strengthen the capacity of all program personnel and service systems in providing high quality medical male circumcision services through an efficient system. It will identify key staff requiring training and establish effective health service delivery systems. The program will help train MOH and other program personnel in identifying efficient ways of service delivery thus optimizing resource utilization.

3. LINKS TO OTHER ACTIVITIES

This activity links to support given to NASCOP for policy development and UCSF for cost-effectiveness work. In addition, this activity links to prevention activities implemented by KEMRI, ITM, IMPACT and other groups that target youth and most-at-risk groups in Nyanza Province. Other linkages include facility-based and mobile VCT and Provider-initiated counseling and testing services provided by KEMRI, LVCT, and other partners.

4. POPULATIONS BEING TARGETED

MOH personnel at National, Provincial and district levels will be involved in the development of service delivery systems, training, implementation and quality assurance processes and will work in coordination with all PEPFAR-funded MC implementers. For the MC systems strengthening component, personnel including health care workers and lay counselors serving in service delivery sites will be targeted. Staff of other affiliate agencies in the consortium providing community education and other services will be targeted.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

KEMRI's Policy and systems strengthening will focus mainly on developing and strengthening systems to support the Medical Male Circumcision program. Behavioral interventions will include addressing male norms and behaviors, particularly relating to behavior disinhibition following circumcision. Training will be conducted for health service providers, particularly in-service training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12507

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12507	12507.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	4246	210.07		\$350,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- * Retention strategy

Male circumcision

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strenthening	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	2	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	5	False
14.3 Number of individuals trained in HIV-related policy development	30	False
14.4 Number of individuals trained in HIV-related institutional capacity building	10	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	30	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	15	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Funding Source: GHCS (State)

USG Agency: U.S. Agency for International Development

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Activity ID: 8401.08

Program Area Code: 14

Planned Funds: \$700,000

Activity System ID: 14911

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are: •Supporting technical assistance to assess the governance structure of KEMSA and advocacy for improvements.

Supporting technical assistance to assess the feasibility of providing grants to health facilities for purchase
of commodities.

•Supporting the implementation of tracking surveys to measure progress in HIV/AIDS commodities distribution and use at the facility-levels.

•Supporting civil society and communities for oversight activities on commodities procurement. •South-to-south exchanges on procurement best practices.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Drugs [#6969 and #6989] Laboratory Infrastructure [#6990 and #8763], HIV/TB [#8713], MTCT [#8757] and Counselling and Testing [#8783].

2. ACTIVITY DESCRIPTION

This activity seeks to improve the capacity of the Kenya Medical Supplies Agency (KEMSA) in the procurement, warehousing, distribution, management, and reporting of public sector anti-retroviral drugs, as well as other medical and pharmaceutical commodities related to HIV/AIDS. KEMSA is the Government of Kenya public sector health commodities supply agent involved in ensuring the delivery of all health commodities including anti-retroviral drugs (ARVs) to public sector health institutions. In the fall of 2006, USAID supported an independent evaluation of KEMSA and a Ministry of Health (MOH) assessment of the MOH procurement system; both were to help inform the MOH in developing a new procurement policy. This new policy will decide the role of KEMSA relative to other arms of the MOH in procurement. This activity will assist KEMSA continue to develop its roe in procurement, warehousing, distribution, and information management in line with the new MOH policy. The nature of this assistance is in short and medium-term consultancies to implement their business plan, and strengthen identified weak areas. One of the major areas for improvement is in information management, and in monitoring and evaluation of distribution at the "last mile" to make sure that reports are returned to the district warehouse in order to fully implement a "pull" commodity system. Another challenge is managing the increasingly complex distribution schedule which includes increased numbers of commodities related to HIV/AIDS, and a mandate to deliver to points of service rather than district warehouses for some commodities. As a result, the warehouse is often overflowing, as trucks cannot make distributions fast enough. In FY 2007, the SCMS contract will begin to procure commodities on a large scale for the Emergency Plan, and will distribute most of them through the KEMSA system. This support will ensure that these commodities are tracked and distributed in a timely manner and with the required reporting. This support will go directly to KEMSA to hire short and mediumterm logistics consultants or staff experts in areas of greatest need. It may also contribute to minor renovations and computer equipment as necessary.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will contribute to improving the public sector medical and pharmaceutical supply chain system for ARVs and other HIV/AIDS-related commodities.

4. LINKS TO OTHER ACTIVITIES

This activity links to other KEMSA support in ARV Drugs [#6969 and #6989] Laboratory Infrastructure [#6990 and #8763], HIV/TB [#8713], MTCT [#8757] and Counselling and Testing [#8783].

5. POPULATIONS BEING TARGETED KEMSA managers.

6. EMPHASIS AREAS

The major area of emphasis is Logistics, and the minor emphasis areas are Local Organization Capacity Development and Strategic Information as it relates to maintaining and upgrading KEMSA's information and reporting system. A new partner will assist KEMSA with plus-up funds to upgrade their Logistics Management Information System (LMIS), using one system that will integrate inventory, procurement, distribution, reporting, and pipeline of commodities. These funds will be leveraged with those of other donors following an assessment of the LM Unit. This activity will also complement MCA activities in Kenya.

7. TARGETS

Number of local organizations provided with technical assistance for HIV-related policy development (Not applicable)

Number of local organizations provided with technical assistance for HIV-related institutional capacity building -36

Number of individuals trained in HIV-related policy development (Not applicable)

Number of individuals trained in HIV-related institutional capacity building - 150

Number of individuals trained in HIV-related stigma and discrimination reduction (Not applicable)

Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment (Not applicable)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8401

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8401	8401.07	U.S. Agency for International Development	Kenya Medical Supplies Agency	4250	1242.07		\$0
Emphasis Ar	reas						
Local Organiz	ation Capac	ity Building					
Food Suppor	rt						
Public Privat	e Partnersh	ір					

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strenthening	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	36	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	150	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

 Prime Partner:
 Kenya Medical Training College

 Funding Source:
 GHCS (State)

Budget Code: OHPS Activity ID: 6450.08

Activity System ID: 14912

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Other/Policy Analysis and System Strengthening Program Area Code: 14 Planned Funds: \$0

Activity Narrative: THIS IS AN ONGOING ACTIVITY. A MORE DETAILED NARRATIVE HAS BEEN ADDED INCLUDING UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are: • Reduction in categories of in-service training activity, to focus only on paediatric HIV training, and to redirect key focus on integration of HIV training into pre-service curriculum.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in MTCT (#7006), HVCT (#7009), HTXS (#7004), HVTB (#7001) and HVSI (#7002).

2. ACTIVITY DESCRIPTION

Effective in-service training of health care providers in HIV/AIDS management is an important component of the Kenya PEPFAR program. Increased PEPFAR support for HIV/AIDS prevention, care and treatment programs in Kenya has increased the need to equip health care providers with knowledge, skills and competencies required to care for and manage HIV/AIDS patients. This activity has several components that will build the capacity of health care providers to provide quality HIV/AIDS services. The first component will involve the utilization of the Kenya Medical Training College (KMTC) infrastructure to decentralize and provide high quality and cost-effective in-service HIV/AIDS training to health care providers (HCP) in comprehensive paediatric HIV care and treatment. KMTC will also disseminate guidelines in comprehensive paediatric HIV care and treatment during the trainings. In collaboration with the Ministry of Health's National AIDS and STD Control Programme (NASCOP), KMTC will train an estimated total of 330 HCP in 11 of the 27 campuses in diverse parts of the republic, namely Kisii, Kakamega, Eldoret, Meru, Kilifi, Garissa, Thika, Siaya, Eldoret, Karen and Kakamega. In-service trainings in other areas like ART, counseling and testing and TB/HIV have been halted this year to enable KMTC concentrate on its core function of integrating teachings on HIV services into the pre-service training curriculum. The KMTC plays a significant role in the pre-service training of clinical officers, nurses, laboratory staff, pharmacists, and other health professionals. Over 90% of health care providers in Kenya receive their training through the KMTC. To achieve this pre-service integration the existing pre-service curricula will be reviewed and up-dated to include HIV/AIDS learning. Similarly the various curricula on HIV/AIDS including PMTCT, Paediatric HIV, ART, Counseling and testing and TB/HIV will be reviewed and up-dated, and incorporated into pre-service training. Students log-book with the desired skills to be acquired will be developed and used by students in their training, to ensure full development of skills by the time they graduate., 90 lecturers in the various KMTC colleges will be oriented and trained how to use the integrated curriculum in pre-service training. PEPFAR support will be utilized to refurbish pre-service and in-service training facilities and ICT infrastructure in the 11 colleges. The enhanced training infrastructure will facilitate coordination of decentralized in-service training and provide faculty, students and health care providers access to current HIV/AIDS information. The second component will strengthen the HIV/AIDS component in KMTC's preservice curricula through the integration of HIV/AIDS management in existing courses and the development of a pre-service comprehensive HIV/AIDS management course. In FY07, PEPFAR will support the training of 50 KMTC lecturers to deliver the comprehensive course to an estimated 2,000 first year students undertaking courses in nursing, clinical medicine and laboratory in all the 26 colleges. Strengthening the HIV/AIDS component in KMTC's pre-service curricula is a sustainable approach that will reduce the current high demand for in-service training of health care providers in the management of HIV/AIDS. The third component will strengthen the dissemination of HIV/AIDS strategic information to health care providers and medical students to enhance their capacity to provide HIV/AIDS services according to national guidelines. The 2005 Kenya Health Worker Survey (KHWS) revealed major gaps in the dissemination of national HIV/AIDS guidelines to health care providers. To address this, NASCOP will utilize KMTC's pre-service and in-service HIV/AIDS training as a platform for the dissemination of HIV/AIDS policies, guidelines and other publications to medical students and health care providers throughout the country. In collaboration with NASCOP and PEPFAR, KMTC will distribute an estimated 1,500 paediatric HIV/AIDS policy documents, guidelines and related publications to health care providers and medical students. The enhanced ICT infrastructure and dissemination role of the KMTC will further strengthen the resource centers in the colleges to provide current HIV/AIDS information to faculty and health care providers. The fourth component will utilize the KMTC infrastructure and training role to reduce stigma and discrimination of People living with HIV/AIDS (PLWHA). The 2005 KHWS demonstrated the existence of stigma and discrimination against PLWHA in the health care setting.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The first and second components of this activity will strengthen the capacity of 11 colleges of the KMTC to provide high quality and cost-effective HIV/AIDS in-service and pre-service training for health care providers and medical students, respectively. This activity will support the provision of quality prevention, care and treatment services in Kenyan health facilities. The third component of this activity will ensure fast and efficient dissemination of paediatric HIV/AIDS guidelines, policies and other relevant publications to health care providers and medical students and enhance awareness and adherence to national standards in the provision of HIV/AIDS services.

4. LINKS TO OTHER ACTIVITIES

This activity will enhance the capacity of health care providers to provide MTCT (#7006), HVCT (#7009), HTXS (#7004) and HVTB (7001) services. This will be achieved through the provision of in-service and preservice training in comprehensive paediatric HIV care and treatment. This activity will also strengthen the strategic information (NASCOP) activity through the utilization of the KMTC training infrastructure to disseminate HIV/AIDS policies, guidelines and other publications to health care providers and medical students.

5. POPULATIONS BEING TARGETED

This activity primarily targets pre-service medical college students training at the Medical training college and in-service health care providers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses pre-service and in-service training on paediatric HIV and other aspects of HIV/AIDS, taking note of national policies and guidelines.

7. EMPHASIS AREAS

Activity Narrative: This activity largely focuses on training, with minor emphasis on strengthening systems for HIV-related healthcare provision through institutional capacity building.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6971

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6971	6450.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Training College	4252	4064.07		\$0
6450	6450.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Training College	4064	4064.06		\$500,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strenthening	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	10	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	150	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	330	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	330	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3738.08 Prime Partner: Kenya Medical Training College Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 5531.08

Activity System ID: 14913

Mechanism: N/A USG Agency: U.S. Agency for International Development Program Area: Other/Policy Analysis and System Strengthening Program Area Code: 14 Planned Funds: \$0 Activity Narrative: Updated August 2008 reprogramming: funding will go through MSH / OHPS program area.

THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The only changes to the program since approval in the 2007 COP are: • This activity will be linked to the Leadership, Management and Sustainability project implemented by Management Sciences for Health (MSH).

1. LIST OF RELATED ACTIVITIES

This activity relates to other support for Kenya Medical Training College [#6971] in the Systems Strengthening / Policy program area.

2. ACTIVITY DESCRIPTION

This is a continuation of activities begun in FY 2006 to enhance the capacity of the health sector and of HIV/AIDS management in particular, via health systems management strengthening, with an emphasis on district and provincial hospitals. In Kenya, operational and management inefficiency and poor quality of service provision for HIV/AIDS management in hospitals has been attributed to, among others, weak health systems and a lack of effective capacity in planning, budgeting, and management. This results in difficulties in linking needs with available resources; forecasting revenue and expenditures; planning within a defined resource allocation; poor investment portfolio in health; lack of confidence in public facilities; and costineffective interventions. Substantial Ministry of Health (MOH) funds are often reverted to the Treasury at the end of the fiscal year due to MOH capacity constraints. The shift in the focus of health sector management, which leads to the move from an input to an output orientation, a stress on quality clientbased service and the increasing role of performance-based management systems, gives rise to a new concept of "accountable professionalism" within the health sector. With PEPFAR support, training will continue through three institutions - Kenya Medical Training College (KMTC), Galilee College and Unites States International University (USIU) - to design, deliver and evaluate a technical course for at least 80 selected MOH staff in health systems management, financial and management planning, budgeting and priority setting. This activity aims to develop strengthened health management teams across 69 provincial and district hospitals in Kenya. The training course is intended to reach 3 managers per facility, or 210 managers. With FY 2006 funds, this activity trained three groups of 20 students each resulting in 60 trained health managers. In FY 2007, this activity will train a minimum additional 80 health managers. The course curriculum was created in close consultation with experts and authorities of the Ministry of Health and the civil society, including the private sector. The course is an intensive program that is designed to impart knowledge and skills in health sector management with an emphasis on HIV/AIDS management in hospital settings. The course includes examination of best practice cases, presentations by faculty members and resource persons, and discussions with outstanding health sector managers. Skills will be developed through action learning, case analysis, guided practice and interactive learning experiences. The program includes a two-week intensive course on the management of the Health Sector to be held at USIU/KMTC. The second part of the program includes a two-week seminar about Health Sector Reform and Renewal held at the Galilee College Study Centre, with study visits to public and private health care organizations with an emphasis on HIV/AIDS systems management, and meetings with officials and managers. At the end of the program, participants develop a final project in Health Strategic Planning.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity is aligned with Kenya's 5 Year Strategy and directly contributes to improved health systems management training and leadership management within the country.

4. LINKS TO OTHER ACTIVITIES

This activity relates to other support for KMTC under the Systems Strengthening program area (#6971).

5. POPULATIONS BEING TARGETED

These activities target host country government workers and health care providers. The targeted staff of Ministry of Health will include the following: Hospital Management Team, comprised of the Chair of the Hospital Management Team, Nursing Officer in Charge, Health Administrative Officer, Pharmacist, Medical Records Officer, Supplies Officer, Laboratory Technologist, Medical Officer of Health, Medical Superintendent, Health Information/Record Officer and Health Board Members, District PHN, District Public Health Officers, Hospital Planners, Communications and Public Relation Specialists.

6. EMPHASIS AREAS

The major emphasis area for this activity is training with a minor emphasis on local organisation capacity development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6970

Related Activity: 16952

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6970	5531.07	U.S. Agency for International Development	Kenya Medical Training College	4251	3738.07		\$600,000
5531	5531.06	U.S. Agency for International Development	Kenya Medical Training College	3738	3738.06		\$550,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16952	16952.08	7448	7448.08	Leadership, Management, and Sustainability	Management Sciences for Health	\$1,250,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strenthening	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	30	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	3465.08	Mechanism:	N/A			
Prime Partner:	National AIDS & STD Control Program	USG Agency:	HHS/Centers for Disease Control & Prevention			
Funding Source:	GHCS (State)	Program Area:	Other/Policy Analysis and System Strengthening			
Budget Code:	OHPS	Program Area Code:	14			
Activity ID:	12509.08	Planned Funds:	\$50,000			
Activity System ID:	14941					
Activity Narrative:	FUNDED THROUGH NASCOP WITHIN THIS	THIS IS AN ONGOING ACTIVITY. THE NARRATIVE CONSOLIDATES THREE ONGOING ACTIVITIES FUNDED THROUGH NASCOP WITHIN THIS PROGRAM AREA BUT IS OTHERWISE UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.				
	The only changes to the program since approval in the 2007 COP are: • A decrease in FY 07 funding levels for the MC-related policy activities. This is because of anticipated funding from other stakeholders which will also help to support this activity. Funding for FY 08 for this activity will only be \$100,000. • In addition, NASCOP's work in FY 08 will expand to include implementations of some of the recommendations from the recent HW Survey and guidelines. Support will address issues of HW burn-out as well as task-shifting in line with the new MOH Community Health Strategy and other emerging policy guidance to address health worker shortages in Kenya.					
	1. ACTIVITY DESCRIPTION Funding will support NASCOP and other key stakeholders to develop and disseminate STI and Preven with Positive policies and guidelines for service providers throughout Kenya. Technical training and sup for service providers will ensure strengthened service delivery for STI control, particularly within sexual active HIV-infected populations. Circumcision Policy Development and Dissemination: PEPFAR will sup the Ministry of Health in the rapid development of Male Circumcision policy guidelines. This will involve development of policy, implementation and technical guidelines by NASCOP. Funding will include supp for technical assistance, dissemination and sensitization costs. A regional consultation prior to policy finalization will also be supported in Nyanza Province given the focus on implementation in this high					

prevalence, low-circumcizing area. WHO/UNAIDS normative guidance for countries regarding male circumcision will be evaluated in the context of Kenya as a component of HIV prevention, tool kits for rapid assessment, and guidance on training will be adapted. Funding will also support education and mobilization work with Luo elders and key stakeholders in Nyanza Province to address cultural and communication issues to prepare for programmatic scale-up.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12509

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20229	12509.2022 9.09	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	8994	3465.09		\$50,000
12509	12509.07	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	4266	3465.07		\$200,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Male circumcision

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strenthening	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	5	False
14.3 Number of individuals trained in HIV-related policy development	20	False
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

HVMS - Management and Staffing

Program Area:Management and StaffingBudget Code:HVMSProgram Area Code:15

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

HVMS Program Level Narrative COP 2008

The U.S. Government PEPFAR team in Kenya was well positioned to undertake the Staffing for Results (SFR) and other management and staffing exercises prescribed for development of the 2008 Country Operational Plan (COP). Over the last four years of planning and implementing the Emergency Plan, the Kenya Team has refined and evolved its operational structures and procedures to optimize efficiency and capitalize on both the unique strengths and limitations of the participating agencies. As a result, we have also been repeatedly called upon to share our models and experience with other focus countries. A schematic of the current planning structure as well as the Procedures Manual for the PEPFAR Interagency Team (PIAT) have been uploaded as supporting documents and as evidence of the critical thought given to how we are organized to most effectively manage this important work.

Beginning with preparation of the 2007 COP, Team Kenya anticipated SFR and looked strategically across all participating agencies to reach interagency decisions on where additions to staffing were most needed. The 2008 SFR exercise provided the opportunity to look in greater depth and with a longer view at the ideal team that would carry us into the second five years of the Emergency Plan.

Our SFR vision commits us to identifying and achieving the optimal mix of technical and administrative personnel deployed in interagency teams and assigned to the most appropriate managing agency to assure continued success of the Emergency Plan in Kenya.

Responsibility for managing the SFR process was assigned to the Country Coordinator. An early decision was made to use the latest evolution in the PEPFAR structure in Kenya – the PEPFAR Liaisons Group (PLG) which had been convened in January 2007 – to manage the bulk of work associated with SFR. The PLG consists of the Country Coordinator, Deputy Country Coordinator and one designated representative of each of the four participating USG agencies. After several months of working with the new group, terms of reference for the PLG (uploaded as a supporting document) were developed and agreed to by the full PIAT.

Over the course of three months, the PLG mapped existing staffing and operational structures by reviewing agencies' current organograms, discussed critical staffing gaps across agencies, reached consensus decisions on where strategic staff additions were most needed, and determined which agency or office could best recruit for and manage specific new positions. In the process, agency core strengths were identified and are summarized here (greatly abbreviated due to space limitations).

HHS/CDC: partnership with MOH in promulgating critical technical standards and guidelines, technical direction of partnerships for surveillance, identifying and piloting cutting-edge approaches to clinical and prevention opportunities (e.g., provider-initiated and home-based counseling and testing, male circumcision, TB/HIV integration), and informatics (including clinical, lab, and other HMISs). "Platform" CDC country with other programs and infrastructure to complement PEPFAR.

Peace Corps: 40-year history in country and successful implementation of grassroots responses for especially hard-to-reach populations (e.g., deaf and hearing impaired Kenyans), application of cutting-edge business skills and information technology to mitigating social/economic impacts of HIV, unique approaches to working with young Kenyans, especially girls.

USAID: in-country contracting capacity and ability to manage very large projects supporting the interagency response (e.g., single contract for ARVs), piloting and then rapidly taking to scale and assuring quality of complex clinical and community interventions, flexible and responsive hiring mechanisms. Historic and successful management of HIV and health social marketing, behavior change communications, community-based, and mitigation programs. Long standing, positive relationships with key host government and civil society counterparts/partners, and wrap-around funding from multiple streams.

US Army Medical Research Unit (USAMRU): geographic, civilian and military-to-military focus leveraging robust research platforms from which to extend comprehensive prevention, care and treatment responses; strong Kenyan leadership; highly productive relationships with public, private and corporate responders to HIV.

In the process of preparing for COP 2008 and for SFR within that process, Interagency Technical Team (ITT) structures that had evolved over the previous three years were critically examined for effectiveness, burden on available staff, and capacity to promote integrated planning across both agencies and technical areas. As a result, teams were consolidated for development of the 2008 COP and will be critically assessed in October and November for possible revision. The 14 programmatic and fiscal "silos" of PEPFAR were planned for in the Kenya 2008 COP by the following five teams:

- + Sexual Transmission Prevention (HVAB and HVOP, new healthy youth initiative)
- + Biomedical Transmission Prevention (MTCT, HMIN, HMBL, male circumcision)
- + Integrating and Supporting Services (HVCT, HKID, HBHC community and mitigation services)

+ Clinical Services (HTXD, HTXS, HVTB, HLAB, HBHC non-ART clinical services)

+ Systems Strengthening Services (HVSI, OHPS, cross-cutting consideration of logistics, human resources for health and HCT/training)

In the course of all of the above, historic and current staffing was critically examined. No redundancies were found and critical gaps were identified and responded to in the "Program Planning and Oversight Functional Staff Chart" as well as the individual agency organograms and consolidated database that constitute SFR supporting documents. All planned staff additions are consistent with agency core strengths summarized above. CDC, DOD, and USAID personnel have each participated in technical review panels for procurements as well as new hires to be managed by the other agency, and they have been joined by Peace Corps staff for selection panels for new hires in the Country Coordinating Office. We will use this successful practice for filling the majority of new positions proposed in the 2008 COP.

We applied two innovations to our work this year that strengthened team work, improved efficiency, and we believe will ultimately result in higher quality programming by implementing partners. Earlier this year, we undertook a very well-received pilot called "PIAT On The Road." For two days, interagency teams made site visits where they had the opportunity to observe programs managed by other USG agencies (and sometimes outside individual participants' areas of technical focus), visited at length with program beneficiaries, and conducted an in-depth internal USG debriefing on what had been observed and learned. The pilot was undertaken in the greater Nairobi area, but in the next 12-18 months we will take the PIAT to other centers of PEPFAR activity including Kisumu (where CDC has long history), Kericho (where USAMRU is predominant), Eldoret (where the Moi Teaching and Referral / Indiana partnership has been among the largest and most complex programs supported by PEPFAR), and Coast Province (where USAID has rich history and where unique problems, including needs of IDUs and commercial sex workers are being creatively addressed).

The second innovation which both enhanced team work and achieved an exponential increase in the efficiency of COP preparation was a week-long retreat in early July 2007. With a theme of "No Missed Opportunities," nearly 40 key technical staff of all USG agencies met and managed to (1) confirm notional budgets and higher-level targets for all program areas, (2) make preliminary decisions on targets and resource allocations for individual partners, (3) identify multiple new areas for synergistic programming across PEPFAR funding streams, (4) reaffirm our shared vision for PEPFAR in Kenya, and (5) forge new relationships. Evaluation of the retreat by participants was overwhelmingly positive and it will be repeated for future COPs. It has subsequently been noted that hundreds of person hours usually spent in cross-town traffic or in extended meetings were saved by the concentrated time invested in early – and interagency – decision making. Time saved by holding the retreat also enabled us to brief host government and health development partners on the scope and scale of the 2008 COP three weeks earlier than in previous years.

For the fifth year of the Emergency Plan, Team Kenya has strategically allocated additional time and resources to more effective management of the response, while remaining well below the 7% ceiling for these vital functions. The new PLG has functioned effectively in managing SFR and will be continuously engaged in its implementation over time.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1504.08

Prime Partner: US Agency for International Development Funding Source: GHCS (State)

Budget Code: HVMS

Activity ID: 4308.08

Activity System ID: 15040

Mechanism: N/A

USG Agency: U.S. Agency for International Development Program Area: Management and Staffing Program Area Code: 15

Planned Funds: \$6,988,977

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE HAS BEEN UPDATED TO REFLECT CHANGES.

USAID and its partners work with Kenyan organizations to prevent HIV transmission and provide care, treatment, and support to individuals, families, and communities affected by the epidemic. USAID is the largest bilateral donor in HIV/AIDS. With its population and child health funds USAID also supports public and private sector reproductive health activities, and health sector financing, systems. USAID supports the majority of its HIV/AIDS programs through US- and Kenyan-based organizations, which manage and implement in-country activities. Activities are funded through grants, PIOs, cooperative agreements and contracts awarded by USAID/Washington, or directly by the Mission. These activities are carried out at field level through direct collaboration with the Ministry of Health and other Kenyan governmental authorities. Many implementing agencies have worked in Kenya for several years and have offices in Nairobi and in selected provinces. This investment by USAID has enabled it to quickly implement Emergency Plan activities.

USAID/Kenya's HIV/AIDS funding has grown dramatically in the past decade, from \$3 million in FY1996 to \$250 million in FY2007. This increase has made it possible to expand HIV/AIDS programs to a scale where they can have a truly national impact. It has also presented a significant management, staffing, and coordination challenge.

Management and staffing activities carried out by USAID/Kenya staff include:

1. Procuring and funding over \$200 million worth of goods and services in FY2007 through over sixty bilateral and centrally procured mechanisms.

2. Serving as activity managers and cognizant technical officers to ensure good technical and financial management of implementing agencies and programs.

3. Coordinating USAID strategy, planning, and project activities with the GOK to ensure alignment with the National Health Sector Strategic Plan II and the district and national Annual Operating Plans.

4. Liaising at the technical and policy level with other USG agencies, providing effective coordination with the Centers for Disease Control (CDC), US Army Medical Research Unit, Peace Corps, and Kenya's USG Interagency Coordinator and his office.

5. Representing USAID in donor meetings to ensure coordination with other donors, including the Global Fund coordinating committees.

6. Advising USAID's implementing partners on the indicators and data collection and assure the development of evaluation plans and utilization of evaluation findings.

7. Preparing overall strategic and operational plans and results reporting for OGAC, including Country Operational Plans and Progress Reports.

8. Providing in-country oversight to fifteen Track 1 AB and OVC partners.

USAID/Kenya is approaching its ideal mix of staff to handle current funding levels. When the positions approved in the 2008 COP are filled, there should be adequate procurement and financial management staff in place. We are requesting eight new FSN positions for SI, finance, home based care, treatment, program management, prevention, integrated HIV/AIDS/reproductive health, and program assistance, and one USDH Contracts Officer arriving fourth quarter FY2008. Future increases in funding will require a review and consideration of a further increase in staffing.

USAID will change hiring mechanisms and replace two exisiting IAP World services Countractors with Personnel Service Contracts issued by the USAID procurement office. The total number of staff will not change based on this action.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7101

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19975	4308.19975. 09	U.S. Agency for International Development	US Agency for International Development	8936	1504.09		\$8,772,454
7101	4308.07	U.S. Agency for International Development	US Agency for International Development	4302	1504.07		\$4,478,200
4308	4308.06	U.S. Agency for International Development	US Agency for International Development	3295	1504.06		\$3,288,000

Mechanism ID:	7937.08	Mechanism:	ICASS Charges
Prime Partner:	US Department of State	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)	Program Area:	Management and Staffing
Budget Code:	HVMS	Program Area Code:	15
Activity ID:	10087.08	Planned Funds:	\$251,443
Activity System ID:	15041		
Activity Narrative:	"Cost of Doing Business" Assessment The cost of doing business associated with staffing entry includes ICASS, listed separa		in the USAID managment and
HQ Technical Area:			
New/Continuing Activity:	Continuing Activity		
Continuing Activity:	10087		
Related Activity:			

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19959	10087.1995 9.09	U.S. Agency for International Development	US Department of State	8930	7937.09	ICASS Charges	\$1,224,000
10087	10087.07	U.S. Agency for International Development	US Agency for International Development	4302	1504.07		\$198,400

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID:	4061.08	Mechanism:	N/A
Prime Partner:	Regional Procurement Support Office/Frankfurt	USG Agency:	Department of State / African Affairs
Funding Source:	GHCS (State)	Program Area:	Management and Staffing
Budget Code:	HVMS	Program Area Code:	15
Activity ID:	19418.08	Planned Funds:	\$1,200,000
Activity System ID:	19418		
Activity Narrative:			
HQ Technical Area:			
New/Continuing Activity:	New Activity		
Continuing Activity:			

Related Activity:

Prime Partner:	US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention			
Funding Source:	GAP	Program Area: Management and Staffing			
Budget Code:	HVMS	Program Area Code: 15			
Activity ID:	4294.08	Planned Funds: \$450,743			
Activity System ID:	15058				
Activity Narrative:	THIS IS AN ONGOING ACTIVITY. THE	ARRATIVE HAS BEEN UPDATED TO REFLECT CHANGES.			
	The management and staffing budget for CDC is used to ensure that there is adequate staffing and administrative support for CDC's PEPFAR-related activities detailed in the COP. This budget covers core operating costs for CDC's PEPFAR-related activities as well as cross-cutting management costs accounted for in the individual program areas. In this activity area, senior CDC staff provide cross-cut technical and managerial supervision for PEPFAR activities and the Ministry of Health receives techn support with development and distribution of policies, guidelines and plans for implementation of HIV prevention and treatment programs. More than one hundred local and international Non Government Organizations, Faith Based Organizations and Community Based Organizations implementing HIV prevention and treatment programs will receive technical and administrative support. A team of 11 personnel engaged full time at CDC-Kenya carries out this support. The 11 positions include 4 direct. United States government staff, 1 Personal Services Contractor, and 6 locally hired staff. One of the hires is in a Technical leadership/management position; another two are in Technical Advisors/Programing and the support.				

hires is in a Technical leadership/management position; another two are in Technical Advisors/Program manager's positions. The fourth direct hire will be a full-time senior technical advisor stationed in NASCOP. The Personal Services Contractor serves as the Deputy Director for Science, and is responsible for assuring quality of PEPFAR programs, compliance with regulations concerning research involving human subjects, as well as non-research determinations for operational activities. Of the locally hired staff, 2 are Financial/Budget staff and 5 are administrative/Support staff. Two of the five finance and budget staff are engaged in day-to-day monitoring and training of the cooperative agreement partners that are funded through PEPFAR. Collectively, this team provides high level technical, managerial and administrative support for our partner activities and helps to ensure high quality PEPFAR programs.

CDC-Kenya's staff includes high level Kenyan and international technical experts in HIV programmatic areas, program evaluation, laboratory science, statistics, and behavioral science. The team works collaboratively across USG agencies to support a high quality, evidence-based approach to PEPFAR programs.

HQ Technical Area: New/Continuing Activity: Continuing Activity Continuing Activity: 7103 Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19954	4294.19954. 09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8926	1501.09		\$3,112,344
7103	4294.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4303	1501.07		\$2,728,946
4294	4294.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3292	1501.06		\$3,388,448

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1503.08	Mechanism: N/A
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15

Activity System ID: 15059

Activity Narrative: THIS IS AN ONGOING ACTIVITY. THE NARRATIVE HAS BEEN UPDATED TO REFLECT CHANGES.

Activity Narrative:

The US Department of Defense (DoD) will provide technical and managerial support to two primary programs: the Kenya Department of Defense (KDoD) and the South Rift Valley HIV Program. Collectively between the two programs, more than 3 million Kenyans will have access to HIV prevention, care, and treatment services. Covering active military and their dependents and fostering direct US-Kenya military interactions, the Kenya Department of Defense Program is based in Nairobi and covers 5 military treatment sites and approximately 20 care facilities nationwide. Administrative support costs manage the growing program as it decentralizes from Nairobi to provide more national level coverage to Kenya military and dependents as well as Kenyan civilians in areas underserved by other HIV services. Increasing by 1 from last year, six Kenyan (LES) staff in FY07 provide direct management and technical support to this program including: 1 KDoD Program Manager; 2 technical advisors providing mainly clinical support in treatment program will expand to include the additional positions: One IT Manager (LES), one lab manager (LES), one pharmacy advisor (LES), one logistics and administrator officer (LES) and one social worker (LES). The total number for FY08 will be 8 LES providing technical assistance in treatment, care and prevention activities; and, 7 LES providing necessary administrative, logistical, and IT support.

The South Rift Valley HIV Program is centered in Kericho, the primary location for the United States Army Medical Research Unit-Kenya (USAMRU-K) HIV research activities. The US DoD brought comprehensive HIV care and treatment services to this area of the Rift Valley Province in April 2004 under the Emergency Plan, thereby fulfilling a moral obligation to Kenyans living in a previously underserved geographic region with no existing comprehensive HIV/AIDS programs. This successful treatment program has grown to nearly 18,000 in newly opened HIV clinics and has been a model for Kenya treatment. In FY08, the program will continue to grow and provide care and treatment in 7 districts including 12 primary treatment facilities (with increased linkages to rural health care facilities) and over 200 care/prevention sites. In FY08, 38 staff will support the South Rift Valley HIV Program including: the HIV Program Director (USDH with FTE of 0.25); the HIV Program Deputy Director (LES with FTE of 0.25); one full-time USPSC providing TA in Prevention, CT, OVC, and BHCS activities to both the S. Rift Valley and KDOD HIV Programs; 25 LES providing technical assistance in treatment, care and prevention activities; and, 10 LES providing necessary administrative, logistical, and IT support. In FY08, the new positions will consist of the following to assist in the expanding comprehensive HIV prevention, care, treatment and support services in 7 districts: One nutritionist (LES) and one Care and treatment assistant. Two new nurses and two lab technologist (LES) will be added to the M&S core to assist in the markedly expanding PMTCT program in the larger South Rift Valley. Support staff will be increased by a procurement officer and an M&E officer.

Administrative costs will support both the Kenya Department of Defense and South Rift Valley HIV Programs and include the provision of technical assistance (both national and headquarters based) required to implement and manage the Emergency Plan activities. Finally, DOD personnel, travel, management, and logistics support in-country will be included in these costs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7125

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19955	4307.19955. 09	Department of Defense	US Department of Defense	8927	1503.09		\$1,441,172
7125	4307.07	Department of Defense	US Department of Defense	4307	1503.07		\$950,900
4307	4307.06	Department of Defense	US Department of Defense	3294	1503.06		\$485,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 7935.08

Funding Source: GHCS (State)

Budget Code: HVMS

Activity ID: 10092.08

Activity System ID: 15060

Activity Narrative: "Cost of Doing Business" Assessment

The cost of doing business associated with the DOD managment and staffing entries includes ICASS charges only.

Program Area Code: 15

Planned Funds: \$136,000

Program Area: Management and Staffing

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10092

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19958	10092.1995 8.09	Department of Defense	US Department of State	8929	7935.09	ICASS Charges	\$200,000
10092	10092.07	Department of Defense	US Department of Defense	4307	1503.07		\$136,800

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID:	4112.08	Mechanism:	N/A
Prime Partner:	US Department of State	USG Agency:	Department of State / African Affairs
Funding Source:	GHCS (State)	Program Area:	Management and Staffing
Budget Code:	HVMS	Program Area Code:	15
Activity ID:	10091.08	Planned Funds:	\$68,651
Activity System ID:	15062		
Activity Narrative:	"Cost of Doing Business" Assessment The cost of doing business associated with th State / Africa Bureau includes ICASS charged direct-hire American, one local-hire American member.	s. This estimate is based o	on the current office mix of one
HQ Technical Area:			
New/Continuing Activity:	Continuing Activity		
Continuing Activity	10001		

Continuing Activity: 10091

Related Activity:

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19956	10091.1995 6.09	Department of State / Office of the U.S. Global AIDS Coordinator	US Department of State	10680	10680.09	ICASS	\$128,920
10091	10091.07	Department of State / African Affairs	US Department of State	4308	4112.07		\$70,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID:	4112.08	Mechanism:	N/A
Prime Partner:	US Department of State	USG Agency:	Department of State / African Affairs
Funding Source:	GHCS (State)	Program Area:	Management and Staffing
Budget Code:	HVMS	Program Area Code:	15
Activity ID:	6584.08	Planned Funds:	\$214,462
Activity System ID:	15063		
Activity Narrative:	THIS IS AN ONGOING ACTIVITY.		
	Management and staffing funds alloca associated with interagency coordinat in Kenya. After the inception of the Er need for a country coordinator to help Office (CCO) was established as a pe Country Coordinator, Deputy Country Information Specialist, and an Admini submission. As in past years, the Country Coordin receive their salaries and benefits und 2008, the Department of State / Africa administrative and logistical functions database manager. Many of the deta Deputy Country Coordinator will be re programmatic priorities including publ EFM special projects assistant will be the youth initiative. The FY 2008 CCO budget will also su interagency team retreats, as well as PEPFAR countries. This year, we will press kit, host press events, and impr PEPFAR/Kenya increasingly attracts both supporting the program and lear miscellaneous costs associated with a	tion as a service to the overall U.S. mergency Plan, Kenya became the pimplement the Emergency Plan. Ir ermanent part of the U.S. Embassy. Coordinator, Senior Advisor for Po- istrative Assistant. A clerk/driver is hator, Deputy Country Coordinator, a der USAID's management and staffing a Bureau management and staffing of the CCO. CCO staff will expand hiled COPRS and reprogramming fue- eassigned to this position to allow t lic-private partnerships and the plar identified to provide specific logisti upport costs for interagency technic costs related to the Country Coordi continue to fund the Embassy Pub rove media coverage of PEPFAR lo highly-skilled pre- and post-graduar ning by exposure to it, and funding	Mission and the Emergency Plan first focus country to identify the 2006 a Country Coordination The CCO currently consists of the licy and External Relations, under recruitment at the time of and Administrative Assistant ing funding mechanism. In FY budget will continue to support to include an EFM hire COP unctions currently performed by the he deputy to focus more on and healthy youth initiative. An cal and programmatic support for al team stakeholders' meetings, nator's assistance to other lic Affairs Section to develop a cally and regionally. te university students interested in in the FY 2008 COP will support
HQ Technical Area:		accepting these valuable stall-exit	114613.
New/Continuing Activity:	Continuing Activity		
Continuing Activity:	1120		
Related Activity:			

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19957	6584.19957. 09	Department of State / African Affairs	US Department of State	8928	4112.09		\$50,905
7126	6584.07	Department of State / African Affairs	US Department of State	4308	4112.07		\$533,700
6584	6584.06	Department of State / African Affairs	US Department of State	4112	4112.06		\$317,550

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID:	4076.08	Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention	USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	Program Area:	Management and Staffing
Budget Code:	HVMS	Program Area Code:	15
Activity ID:	6477.08	Planned Funds:	\$2,355,134
Activity System ID:	15046		
Activity Narrative:	THIS IS AN ONGOING ACTIVITY. THE NAR	RATIVE HAS BEEN UPD	ATED TO REFLECT CHANGES.
	The management and staffing budget for CDC administrative support for CDC's PEPFAR-rel core operating costs for CDC's PEPFAR-relat accounted for in the individual program areas.	ated activities detailed in the ed activities as well as cross	ne COP. This budget covers the ss-cutting management costs not

technical and managerial supervision for PEPFAR activities and the Ministry of Health receives technical support with development and distribution of policies, guidelines and plans for implementation of HIV prevention and treatment programs. More than one hundred local and international Non Governmental Organizations, Faith Based Organizations and Community Based Organizations implementing HIV prevention and treatment programs will receive technical and administrative support. A team of 11 personnel engaged full time at CDC-Kenya carries out this support. The 11 positions include 4 direct-hire United States government staff, 1 Personal Services Contractor, and 6 locally hired staff. One of the direct hires is in a Technical leadership/management position; another two are in Technical Advisors/Program manager's positions. The fourth direct hire will be a full-time senior technical advisor stationed in NASCOP. The Personal Services Contractor serves as the Deputy Director for Science, and is responsible for assuring guality of PEPFAR programs, compliance with regulations concerning research involving human subjects, as well as non-research determinations for operational activities. Of the locally hired staff, 2 are Financial/Budget staff and 5 are administrative/Support staff. Two of the five finance and budget staff are engaged in day-to-day monitoring and training of the cooperative agreement partners that are funded through PEPFAR. Collectively, this team provides high level technical, managerial and administrative support for our partner activities and helps to ensure high quality PEPFAR programs.

CDC-Kenya's staff includes high level Kenyan and international technical experts in HIV programmatic areas, program evaluation, laboratory science, statistics, and behavioral science. The team works collaboratively across USG agencies to support a high quality, evidence-based approach to PEPFAR programs.

HQ Technical Area: New/Continuing Activity: Continuing Activity Continuing Activity: 7120 Related Activity:

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20583	6477.20583. 09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9083	4076.09		\$3,912,405
7120	6477.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4306	4076.07		\$118,711
6477	6477.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4076	4076.06		\$200,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID:	7931.08	Mechanism:	ICASS Charges
Prime Partner:	US Department of State	USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	Program Area:	Management and Staffing
Budget Code:	HVMS	Program Area Code:	15
Activity ID:	10095.08	Planned Funds:	\$830,000
Activity System ID:	15047		
Activity Narrative:	"Cost of Doing Business" Assessment All ICASS charges for CDC have been alloca \$830,000. These costs have increased due t Services Contractors, who are subject to full due to liability issues arising from the use of 0	o the replacement of COMI CASS charges. This chan	FORCE contractors with Personal ge was mandated by CDC-Atlanta,
HQ Technical Area:			
New/Continuing Activity:	Continuing Activity		
Continuing Activity:	10095		

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19961	10095.1996 1.09	HHS/Centers for Disease Control & Prevention	US Department of State	8932	7931.09	ICASS Charges	\$950,000
10095	10095.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4306	4076.07		\$112,693

 Table 3.3.15: Activities by Funding Mechansim

Funding Source: GHCS (State)

Budget Code: HVMS

Activity ID: 4120.08

Activity System ID: 15066

Activity Narrative: THIS IS AN ONGOING ACTIVITY.

FY 2008 will see a shift in Peace Corps Kenya efforts under the PEPFAR program with the goal of supporting new programmatic emphases in expanding prevention of mother-to-child transmission (PMTCT) activities, launching the Youth Prevention initiative, enlarging the geographic reach and quality of positive prevention messaging and counseling & testing, and addressing the economic dimension of the HIV/AIDS challenge at a community level. Peace Corps' overall focus remains squarely on prevention and community outreach, areas of recognized organizational strength.

The above-mentioned shift will be achieved through (1) increasing collaboration and synergy with other PEPFAR partners to enhance program delivery and reach at the community level; (2) expanding the reach of our activities, taking into consideration geographic gaps identified by Peace Corps staff and the PEPFAR interagency team and (3) facilitating greater cross-sector approaches to the multi-faceted challenges of HIV/AIDS at the community level, particularly related to livelihood and income generating activities.

Peace Corps volunteers will likewise assist in the design and support the expansion of youth prevention initiatives within their communities, including the continued sponsorship and expansion of life skills efforts targeted at girls known as "Camp Glow" (Girls Leading our World) and the piloting of a similar effort for boys. It is important to note that funding for specific youth prevention activities such as Camp Glow and similar, pilot efforts for boys will be funded the Youth Prevention Initiative.

As mentioned above, Peace Corps volunteers are currently based in over 135 communities throughout rural Kenya, working in public health, small enterprise development (SED), information & communication technology (ICT), secondary education, deaf education, and the development of HIV/AIDS materials for the deaf community. In FY 2008, all volunteers and their counterparts will be encouraged to participate in expanded, in-service HIV/AIDS training conducted by Peace Corps and PEPFAR partner organizations to increase knowledge and skills in HIV/AIDS community outreach and education, youth prevention activities, income generating activities (including sustainable agricultural practices) and to promote cross-sectoral approaches. Based upon needs within their communities, volunteers and counterparts will develop HIV/AIDS-related actions plans.

At the same time, over 80 public health volunteers (including 16 who arrived in May 2007 and 11 who will be arriving in June 2008, funded by PEPFAR) will receive training to be better able to support youth, expectant mothers (PMTCT) and other segments of the population at risk such as sex workers, at-risk youth, and members of the uniformed services. Out of the training, they will target their HIV/AIDS activities to community need (in line with other priorities such as malaria prevention, water & sanitation improvements, and hygiene education). Peace Corps will also explore a potential role for volunteers in the planned expansion of house-to-house counseling and testing services, as appropriate.

The effort to develop HIV/AIDS materials for the deaf community will continue in 2008 with the fifteen volunteers currently in the field and the recruitment and placement of nine PEPFAR-supported volunteers under the existing initiative known as the Behavior Change & Communication (BCC) and deaf education project. Five of these volunteers will continue the development of posters, interactive materials, and video specifically geared to a deaf audience, assigned to appropriate NGO partners and engage in deaf community outreach activities. They will also explore the development of BCC materials for other vulnerable segments of the population and, drawing upon their graphic design and ICT skills, will contribute to youth prevention messaging. The other four will be assigned to deaf primary schools and will be involved in HIV/AIDS prevention awareness building with students and teachers at their assigned institutions.

Peace Corps Kenya will prioritize the placement of the 20 PEPFAR-supported volunteers into areas of the country that are currently underserved under the overall program. Based upon site assessment, possible areas for consideration include Marsabit and Isiolo (Northeastern), and north of Malindi (Coast) or to new communities within the provinces Peace Corps currently operations including Western, Nyanza, Central, Eastern, Rift and the Coast. In new geographic areas, the plan is to post a group of volunteers in a "cluster" to include public health, education, and SED volunteers, as appropriate, to increase their ability to support each other across sectors.

Peace Corps Kenya will continue to support a number of ongoing initiatives: a Volunteer Activities Support and Training (VAST) program to provide small grants and technical assistance to communities, promoting AB activities and income generation for OVCs, PLWAs, and other vulnerable groups; continued production of HIV/AIDS training manuals in local languages; and equipment and material development for the BCC effort. Peace Corps Kenya will also support the third-year extension of up to five volunteers in 2008 for assignments with interested PEPFAR partner organizations to take advantage of the community-level experience they have gained within the overall PEPFAR country effort.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7127

Related Activity:

Program Area: Management and Staffing

Program Area Code: 15

Planned Funds: \$162,400

ę	Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
	19939	4120.19939. 09	Peace Corps	US Peace Corps	8922	247.09		\$0
	7127	4120.07	Peace Corps	US Peace Corps	4309	247.07		\$297,400
	4120	4120.06	Peace Corps	US Peace Corps	3211	247.06		\$597,582

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID:	7938.08	Mechanism:	IRM Charges
Prime Partner:	US Agency for International Development	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)	Program Area:	Management and Staffing
Budget Code:	HVMS	Program Area Code:	15
Activity ID:	18071.08	Planned Funds:	\$351,561
Activity System ID:	18071		
Activity Narrative:	"Cost of Doing Business" Assessment In order to recoup the information technology Agency has put a "user fee" system in place. I services that cost the Agency money. These and other hardware and providing network and including those incurred by program financed	Every user of the USAID no services include maintenar d user technical support. U	etwork is being provided with nce and upgrading of mainframes Intil FY 2003, all of these costs,

services that cost the Agency money. These services include maintenance and upgrading of mainframes and other hardware and providing network and user technical support. Until FY 2003, all of these costs, including those incurred by program financed staff, were paid for out of OE funds. Since there are now no central reserves to pay for these services, they are being allocated to programs. This cost is being entered as a separate activity in FY08 but was part of previous years' M&S budgets.

HQ Technical Area: New/Continuing Activity: New Activity Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 7932.08

Prime Partner: US Department of State

Funding Source: GHCS (State)

Budget Code: HVMS

Activity ID: 18075.08

Activity System ID: 18075

Mechanism: CSCS Charges

USG Agency: HHS/Centers for Disease Control & Prevention Program Area: Management and Staffing

Program Area Code: 15

Planned Funds: \$70,000

Activity Narrative: "Cost of Doing Business" Assessment All CSSC charges for CDC have been allocated to the M&S budget. For FY2008, these costs will be \$70,000.

HQ Technical Area:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID:	7940.08	Mechanism:	IAP IRM Charges
Prime Partner:	US Agency for International Development	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)	Program Area:	Management and Staffing
Budget Code:	HVMS	Program Area Code:	15
Activity ID:	18072.08	Planned Funds:	\$0
Activity System ID:	18072		

Activity Narrative: "Cost of Doing Business" Assessment

In order to recoup the information technology costs incurred by staff paid through program funds, the Agency has put a "user fee" system in place. Every user of the USAID network is being provided with services that cost the Agency money. These services include maintenance and upgrading of mainframes and other hardware and providing network and user technical support. Until FY 2003, all of these costs, including those incurred by program financed staff, were paid for out of OE funds. Since there are now no central reserves to pay for these services, they are being allocated to programs. This cost is being entered as a separate activity in FY08 but was part of previous years' M&S budgets.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 7933.08	Mechanism: Atlanta-assessed Charges
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 18073.08	Planned Funds: \$1,123,299
Activity System ID: 18073	

Activity Narrative: "Cost of Doing Business" Assessment The CDC Global AIDS Program (GAP) in Kenya is part of a Coordinating Country Office (CCO) that supports multiple CDC programs in addition to PEPFAR. Beginning in FY 2008, all programs in Kenya will be subject to a cost-sharing assessment to equitably distribute infrastructure costs. These infrastructure costs include utilities and maintenance, staff costs for core administrative, finance and motor pool staff, and support for the Director and Deputy Director of the Kisumu Field Station. Being part of a CCO is advantageous to PEPFAR since it allows us to leverage resources, infrastructure and programs supported by other CDC funds.

CDC has also established additional cost-sharing assessments for global support services previously provided at no cost to field operations. The ITSO Global Support assessment covers the cost of technical support, software licenses, internet connectivity and periodic equipment replacement. The Global Business Services assessment covers the cost of human resources and workforce development support at headquarters. These services are advantageous to PEPFAR since centralized procurement of equipment and IT services is much less expensive than local purchase.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID:	7934.08	Mechanism:	Atlanta-assessed Charges	
Prime Partner:	US Centers for Disease Control and Prevention	USG Agency:	HHS/Centers for Disease Control & Prevention	
Funding Source:	GAP	Program Area:	Management and Staffing	
Budget Code:	HVMS	Program Area Code:	15	
Activity ID:	18074.08	Planned Funds:	\$1,249,457	
Activity System ID:	18074			
Activity Narrative:	Cost of Doing Business" Assessment The CDC Global AIDS Program (GAP) in Kenya is part of a Coordinating Country Office (CCO) that supports multiple CDC programs in addition to PEPFAR. Beginning in FY 2008, all programs in Kenya will be subject to a cost-sharing assessment to equitably distribute infrastructure costs. These infrastructure costs include utilities and maintenance, staff costs for core administrative, finance and motor pool staff, and support for the Director and Deputy Director of the Kisumu Field Station. Being part of a CCO is advantageous to PEPFAR since it allows us to leverage resources, infrastructure and programs supported by other CDC funds.			
HQ Technical Area:				
New/Continuing Activity:	New Activity			
Continuing Activity:				
Related Activity:				

Prime Partner:	US Department of State	USG Agency:	Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source:	GHCS (State)	Program Area:	Management and Staffing
Budget Code:	HVMS	Program Area Code:	15
Activity ID:	21437.08	Planned Funds:	\$16,349
Activity System ID:	21437		
Activity Narrative:	Updated August 2008 reprogramming. State/AF.	Funds were reprogrammed to c	over FY 08 ICASS costs for
HQ Technical Area:			
New/Continuing Activity:	New Activity		
Continuing Activity:			
Related Activity:			

Table 3.3.15: Activities by Funding Mechansim

, ,			
Mechanism ID:	5229.08	Mechanism:	N/A
Prime Partner:	IAP Worldwide Services, Inc.	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)	Program Area:	Management and Staffing
Budget Code:	HVMS	Program Area Code:	15
Activity ID:	9590.08	Planned Funds:	\$0
Activity System ID:	14820		
Activity Narrative:	THIS IS AN ONGOING ACTIVITY. THE N	ARRATIVE HAS BEEN UPD/	ATED TO REFLECT CHANGES.
	IAP Worldwide Services recruits and provid Kenya, IAPWS has assigned two senior HI 1. Provide technical and managerial support advise staff responsible for day-to-day proj- ensure linkages between and among the wissues, strategic planning and periodic repo- staff to enable them to take on increasingly response to the HIV/AIDS epidemic. 2. Coordinate activities to assist the GOK t work closely with the GOK and other devel coordinate Global Fund and PEPFAR reso 3. Liaise with other USG agencies, providir (CDC), US Army Medical Research Unit, P office. 4. Represent USAID in donor meetings to e including the Global Fund coordinating com 5. Assist with preparation of overall strateg and strengthen synergy between HIV/AIDS Mission. 6. Advise USAID's implementing partners i collection efforts and assure the developm	V/AIDS advisors to USAID. T rt to HIV and AIDS preventior ect management of implement arious activities of USAID; and orting; supervise staff as requir v substantive roles in support of o shape policy and influence ro opment partners on implement urces for program strengthening effective coordination with the eace Corps, and Kenya's US ensure coordination of HIV/AII mmittees. ic plans, results reporting, and activities and the activities in n HIV/AIDS on the appropriat	hey: h, care and support programs; titing agencies and programs; d assure coordination on policy ired and provide mentoring to FSN of the unified USG Mission resource allocation decisions and htation of Global Fund grants and ing. the Centers for Disease Control G Interagency Coordinator and his DS issues with other donors, d general strategizing, and develop o other sectors within the USAID eness of indicators and data

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9590

Related Activity:

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9590	9590.07	U.S. Agency for International Development	IAP Worldwide Services, Inc.	5229	5229.07		\$679,800

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID:	7939.08	Mechanism:	IAP ICASS Charges
Prime Partner:	US Department of State	USG Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)	Program Area:	Management and Staffing
Budget Code:	HVMS	Program Area Code:	15
Activity ID:	10089.08	Planned Funds:	\$0
Activity System ID:	14821		
Activity Narrative:	"Cost of Doing Business" Assessment The cost of doing business associated with the staffing entry includes ICASS, listed here.	e two positions described i	n the IAP Worldwide Services
HQ Technical Area:			
New/Continuing Activity:	Continuing Activity		
Continuing Activity:	10089		
Related Activity:			

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10089	10089.07	U.S. Agency for International Development	IAP Worldwide Services, Inc.	5229	5229.07		\$58,400

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?		Yes	X	No
If yes, Will HIV testing be included?	Х	Yes		No
When will preliminary data be available?			4/30/2	008
Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?	Х	Yes		No
If yes, Will HIV testing be included?		Yes	Х	No
When will preliminary data be available?			8/29/2	008

Is a Health Facility Survey planned for fiscal year 2008?		Yes	X	No
When will preliminary data be available?				
Is an Anc Surveillance Study planned for fiscal year 2008?	X	Yes		No
If yes, approximately how many service delivery sites will it cover?		Yes		No
When will preliminary data be available?			4/30/20	800
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2008?		Yes	X	No

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
COP 2008 Kenya Transmittal Letter.pdf	application/pdf	9/27/2007	Ambassador's Letter	Ambassador Letter	SMadera
Kenya FY 2009 Funding Planned Activities.pdf	application/pdf	9/27/2007		Fiscal Year 2009 Funding Planned Activities*	SMadera
Kenya CDC-GAP Agency Management Chart FY 08.pdf	application/pdf	9/28/2007	Kenya CDC-GAP Agency Management Chart	Other	SMadera
Kenya USAID Agency Management Chart FY 08.pdf	application/pdf	9/28/2007	Kenya USAID Agency Management Chart	Other	SMadera
Kenya Peace Corps Agency Management Chart FY 08.pdf	application/pdf	9/28/2007	Kenya Peace Corps Agency Management Chart	Other	SMadera
Kenya PEPFAR Agency Management Chart FY 08.pdf	application/pdf	9/28/2007	Kenya Country Coordinator Agency Management Chart	Other	SMadera
FY 08 Kenya Peace Corps volunteer matrix.xls	application/vnd.ms- excel	9/28/2007	Kenya Peace Corps Volunteer Matrix	Other	SMadera
Kenya TB Work Plan FY 08.pdf	application/pdf	9/28/2007	Kenya TB Work Plan	Other	SMadera
MC Supplemental Spreadsheet Final.xls	application/vnd.ms- excel	9/28/2007	Male Circumcision Supplemental	Other	SMadera
Kenya Human Capacity Development (HCD) Table Final.xls	application/vnd.ms- excel	9/28/2007	Kenya Human Capacity Development Table	Other	SMadera
Kenya FY 2008 Justification for Budgetary Requirements_OVC.pdf	application/pdf	9/28/2007	Kenya Justification for OVC Budgetary Requirements	Justification for OVC Budgetary Requirements	SMadera
Kenya FY 2008 Justification for Budgetary Requirements_Treatment.pdf	application/pdf	9/28/2007	Kenya Justification for Treatment Budgetary Requirement	Justification for Treatment Budgetary Requirements	SMadera
Kenya Global Fund Supplemental for COP 2008.pdf	application/pdf	9/27/2007		Global Fund Supplemental*	SMadera
Kenya PEPFAR Liaisons Group ToR1.pdf	application/pdf	9/28/2007	Kenya PEPFAR Liaisons Group Terms of Reference	Other	SMadera
Kenya Functional Staff Chart.xls	application/vnd.ms- excel	9/27/2007	Kenya Functional Staff Chart	Other	SMadera
Kenya DOD Agency Management Chart FY 08.pdf	application/pdf	9/27/2007	Kenya DOD Agency Management Chart	Other	SMadera
2007 09 28 Kenya FY08 COP Submission_BRW.xls	application/vnd.ms- excel	9/28/2007	Kenya Budgetary Requirements Worksheet	Budgetary Requirements Worksheet*	SMadera
Kenya PIAT_Procedures_Manual ZERO DRAFT.pdf	application/pdf	9/28/2007	Kenya PEPFAR Interagency Team Procedures Manual	Other	SMadera
Kenya FY 2008 Justification for Budgetary Requirements_AB.pdf	application/pdf	9/28/2007	Kenya Justification for AB Budgetary Requirements	Justification for AB Budgetary Requirements	SMadera
KEMRI single-partner funding cap justification.pdf	application/pdf	9/28/2007	KEMRI 8% Budget Justification	Justification for Partner Funding	SMadera
Kenya 2008 EXECUTIVE SUMMARY FINAL 22oct07.doc	application/msword	10/23/2007		Executive Summary	ALatour

Kenya Target Explanation Update 1023.doc	application/msword	10/23/2007	Explanation of Targets Calculations*	ALatour
RPSO Worksheet.xls	application/vnd.ms- excel	10/24/2007 RSO Worksheet	Other	VBrown